

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41030

FILED JAN 6 9 1945

Primary Registration District No. 5356

Registrar's No. 2968

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Loughane
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wilson Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 20 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas ³⁰

(c) City or town Loughane ¹⁰
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____ ¹¹

3. (a) PRINT FULL NAME CLIFFORDEMMETT FERRELL

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 44 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from before 1944 to 11-23 1944
that I last saw him alive on as above 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Aug 10 1873
(Month) (Day) (Year)

Immediate cause of death: Angina on basal thal atherosclerosis

Duration _____

8. AGE: Years 72 Months 3 Days 13 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) C44 b

9. Birthplace Bates Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Martin Ferrell

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Hannell Chapman

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Fella Ferrell

(b) Address Loughane Mo

17. (a) Burial (b) Date thereof 11-26-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn L B Jones

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director L B Jones

(b) Address Burgess Mo

19. (a) Dec 29-1944 (b) Miss Ann Harve
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature [Signature] M. D. or other MD

Address [Signature] Date signed 12-20-44

License No. 7,

12-44-1427

Date Filed 1-5-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Maris B. Jones

Licensed Embalmer No. 4312

P. O. Address Buffalo, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.