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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED MAY 8 1948
Registration District No. 42

STANDARD CERTIFICATE OF DEATH

State File No. 12238

Primary Registration District No. 1000

Registrar's No. 429

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rosary Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
(Specify whether
In this community 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan 999
(c) City or town Wathena 14
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 9
(e) Citizen of foreign country? yes (Yes or No) 2
If yes, name country about 45 years

3. (a) PRINT FULL NAME Nicholas Ferro

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Margaret Ferro 6. (c) Age of husband or wife if alive dec years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years 68 Months ? Days ? If less than one day hr. min.

9. Birthplace Roumania 6
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business various

12. Name unknown

13. Birthplace 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace 0
(City, town, or county) (State or foreign country)

16. (a) Informant None - no relatives here
(b) Address Welfare case, no information Available

17. (a) removal (b) Date thereof 4-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wathena, Kansas

18. (a) Signature of funeral director Clark Mortuary

(b) Address 5025 King Hill Ave. St. Joseph, Mo

19. (a) April 17-1946 (b) AD Tustuback
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 10th
year 1946 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan. 1st 1945 to April 10th 1946;
that I last saw him alive on April 10th 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Asthrea 3 yrs.
Duration

Due to _____

Due to _____

Other conditions N
(Include pregnancy within 3 months of death)

Major findings: None 950
Of operations
Of autopsy None
PHYSICIAN
Underline the cause to which death should be charged statistically.

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? _____

While at work _____ (Specify type of place) (e) Means of injury 0

23. Signature John J. Swails (M. D. or other) _____

Address Wathena, Kan Date signed 4-11-46

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

11147

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 *A. L. Dadds*
Licensed Embalmer No. 3023 Mo
P. O. Address Wathena 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.