. S. No. 2
OM—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

8415

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 198A

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2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2017 Travis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 5 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2017 Travis
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Carlyon Sue Ferry
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Birth date of deceased Feb. 5, 1948 (Month) (Day) (Year)

8. AGE: Years 0 Months 1 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Springfield, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation none
11. Industry or business none

FATHER
12. Name W. J. Ferry
13. Birthplace Camden County, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Perry
15. Birthplace Webster County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant W. J. Ferry
(b) Address 2017 Travis
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 14, '48 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address 630 St. Louis St.
19. (a) 3-15-48 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1948 hour 6 minute 00 A M.
21. I hereby certify that I attended the deceased from Unattended 19 by physician 19 ;
that I last saw h..... alive on ..... 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death probably bronchopneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. E. Handley local registrar (M. D. or other)
Address Spgfld Mo Date signed 3/24/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Richard E. Watts, Registered Apprentice No. 206, working under my personal supervision.

Signed Jewell E. Wendle

Licensed Embalmer No. 2831

P. O. Address Krum Field 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.