S. No. 2
—12-45
. 5-17-39
D I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13401

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 30

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 510 Cleveland St.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community All of Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi
(c) City or town Charleston
(If outside city or town limits, write "RURAL")
(d) Street No. 510 Cleveland St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Arthur Ferrell
3. (b) If veteran, name war Not Known
3. (c) Social Security No. Not Known
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ona Ferrell, Dec'd.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 7 (Day) 1875 (Year)

8. AGE: Years 72 Months 10 Days 25 If less than one day hr. min.

9. Birthplace Cape Girardeau Col, Missouri. (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business None
MOTHER FATHER
12. Name Abe Ferrell
13. Birthplace No Record (City, town, or county) 9 (State or foreign country)
14. Maiden name Sena Gollahar
15. Birthplace No Record (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. Linnie Eldridge
(b) Address Charleston, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Maynard Cemetery Near Diehlstadt, Mo.
18. (a) Signature of funeral director Joe P. Nennelee
(b) Address Charleston, Missouri.
19. (a) 4-21-48 (Date received local registrar) Mrs. John Bonderant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1948 hour 5:00 minute 25 P.M.
21. I hereby certify that I attended the deceased from March 28 48 to April 2 1948 that I last saw him alive on April 1 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Starvation (self-imposed)	2 days
Due to Senile dementia	4 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Months of injury
23. Signature T. P. Fenton M.D. (M. D. or other)
Address Wyatt, Mo. Date signed 4-17-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office - No. 2
District File Number 448-537
Date Filed 4-26-48

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 John F. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.