DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25126

FILED JUL 20 1948

Registration District No. 4482326 Primary Registration District No. 3264482 Registrar's No. 38

1. PLACE OF DEATH:

(a) County SCOTLAND

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

(c) Name of hospital or institution: /
(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 MONTHS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County SCOTLAND 99

(c) City or town MEMPHIS 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME WILLIAM ALVIN FERRIS

3. (b) If veteran, name war ✓

3. (c) Social Security No. NONE

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife ETTA FERRIS

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased JAN (Month) 10 (Day) 1877 (Year)

8. AGE: Years 71 Months 5 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace VAN BUREN CO. (City, town, or county) IOWA 1 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business .....

FATHER
12. Name WM. L. FERRIS
13. Birthplace ..... (City, town, or county) IOWA 1 (State or foreign country)

MOTHER
14. Maiden name SARAH MOONEY
15. Birthplace ..... (City, town, or county) IOWA 1 (State or foreign country)

16. (a) Informant Mrs. Etta Ferris

(b) Address MEMPHIS Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-8-1948 (Month) (Day) (Year)

(c) Place: burial or cremation RICHLAND

18. (a) Signature of funeral director W. Wayne & Sons

(b) Address MEMPHIS Mo

19. (a) 7/12/48 (Date received local registrar) (b) [illegible] (Registrar's signature) 4/17

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 6 year 1948 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from November 24, 1947, to July 6, 1948; that I last saw him alive on July 6, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Infarct	10 days
Due to: Arteriosclerosis	years
Due to:	
Other conditions: Carcinoma of Prostate (Include pregnancy within 3 months of death)	1 yr.

Major findings:
Of operations .....
Of autopsy .....

51B

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) Means of injury 0

23. Signature E. E. Gilfillan (M. D. or other) MD

Address Memphis, Mo Date signed 7/9/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-48-128
Date Filed JUL 19 1948

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis, Tn

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

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