S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30238

State File No. 10-48-109

Registration District No. 170 Primary Registration District No. 5630 Registrar's No. 100

1. PLACE OF DEATH:

(a) County Laclede

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

(c) Name of hospital or institution: near Dover — Star Route 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community less than year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden 15 0

(c) City or town Camdenton Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Gen Del 1
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Mary Alice Ferry

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Charles Henry Ferry 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Sep (Month) 30 (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	11	28	..... hr. ..... min.

9. Birthplace Central part of Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business .....

FATHER
12. Name Abraham Phillips
13. Birthplace ..... Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Mahall
15. Birthplace ..... Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant C W Ferry
(b) Address Camdenton, Mo

17. (a) Removal & Burial (Burial, cremation, or removal) (b) Date thereof Sep 30-48 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Cowgill Mo

18. (a) Signature of funeral director Bankson Woolery
(b) Address Camdenton Mo

19. (a) ~~9-29-48~~ (Date received local registrar) (b) Tressie B Lynch (Registrar's signature) 414

10-1-48

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sep day 28
year 1948 hour 5 minute P M.

21. I hereby certify that I attended the deceased from 7 — 1948 to 9-28 1948
that I last saw h..... alive on ..... 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Mellitus	47
Due to no	
Due to no	
Other conditions no (Include pregnancy within 3 months of death)	61

Major findings:
Of operations none made
Of autopsy no —

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 .....

23. Signature E. E. Claybone M.D.
Address Camdenton Mo Date signed 10-1-48

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Abbie Bankson Woolery

Licensed Embalmer No. 2488 F

P. O. Address Camdenton 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.