

Registration District No. **155** Primary Registration District No. **4246** Registrar's No. **174**

1. PLACE OF DEATH:
 (a) County **Jasper**
 (b) City or town **Carl Junction**
 (c) Name of hospital or institution: **Feb N Poney!**
 (d) Length of stay: In hospital or institution **39 years**
 In this community **39 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Jasper**
 (c) City or town **Carl Junction**
 (d) Street No. **506 N. Poney**
 (e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Lee Volney Ferrier**
 (b) If veteran, name war _____
 (c) Social Security No. **512-07-2818**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **8** year **1948** hour **1** minute **P.M.**
21. I hereby certify that I attended the deceased from **Oct 28, 1948 to Oct 28, 1948**
 that I last saw him alive on **Oct 28, 1948**
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Tuberculosis Pulmonary**

4. Sex **M** **5. Color or race** **W**
6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Alice E Ferrier**
6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **JULY 8 1886**

Due to _____
Due to **zinc mining 6 yrs**
Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years **62** Months **5** Days **0** If less than one day _____ hr. _____ min.

9. Birthplace **Jarckie Jasper, Mo.**

10. Usual occupation **Farming - Mining**

11. Industry or business _____

12. Name **George Ferrier**

13. Birthplace **Jarckie Mo.**

14. Maiden name **Sarah Wood**

15. Birthplace **Jarckie Mo.**

16. (a) Informant **Alice E Ferrier**

17. (a) Address **Carl Junction, Mo.**

17. (b) Date thereof **12-9-1948**

18. (a) Signature of funeral director **Don Poney**

19. (a) Address **Carl Junction, Mo.**

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? _____
 (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 _____
23. Signature **P. L. Albert**
Address **Carl Junction** **Date signed** **Dec 9 1948**

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

MOTHER FATHER

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address. Jupiter Fla

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.