

S. No. 300  
M-10-47  
rv. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40581  
State File No. \_\_\_\_\_  
Registrar's No. 127

FILED JAN 4 1949  
Registration District No. 164

Primary Registration District No. 3032

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

1. PLACE OF DEATH:  
(a) County JOHNSON  
(b) City or town WARRENSBURG  
(c) Name of hospital or institution: WARRENSBURG HOSPITAL & CLINIC, INC.  
(d) Length of stay: In hospital or institution 20 hrs.  
In this community 20 hrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County LAFAYETTE  
(c) City or town CONCORDIA  
(d) Street No. 7 MI SOUTH WEST CONCORDIA MO  
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME PEGGY ANN FERRING  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION.  
20. DATE OF DEATH: Month DEC day 18  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Dec. 10  
1948 to Dec. 18, 1948.  
that I last saw her alive on Dec. 15, 1948  
and that death occurred on the date and hour stated above.

4. Sex FEMALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced U  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased DEC 18 1948  
(Month) (Day) (Year)

Immediate cause of death: pneumonia  
born at 6 St. & 3rd  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 0 Months 0 Days 0 If less than one day 20 hr. min.  
9. Birthplace WARRENSBURG MO  
(City, town, or county) (State or foreign country)  
10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name RALPH L. FERRING  
13. Birthplace JOHNSON COUNTY MO  
14. Maiden name ETHEL LEE KANDY  
15. Birthplace LAFAYETTE COUNTY MO

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant RALPH L. FERRING  
(b) Address CONCORDIA MO  
17. (a) Burial (b) Date thereof DEC 19 1948  
(c) Place: burial or cremation ZION HILL CEMETERY  
18. (a) Signature of funeral director E. S. JAMES  
(b) Address CONCORDIA MO  
19. (a) Dec. 20 1948 (b) Signature of Registrar

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 \_\_\_\_\_  
25. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address WARRENSBURG MO Date signed 12-22-48

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**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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... E. J. Jones .....

Licensed Embalmer No. 205-8 .....

P. O. Address Concordia, 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.**