REC'D SEP 28 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29772
Do not use this space.

1. PLACE OF DEATH
(a) County Platte — Registration District No. 695
(b) Township Pettis — Primary Registration District No. 59 — Registered No.
(c) City — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Benjamin Ferrel 640
(a) Residence, No. Platte County Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Addie Brightwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-9-1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
75	11	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ohio

FATHER
13. NAME Benjamin Ferrel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Sarah Maxwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Md.

17. INFORMANT Mrs. Addie Brightwell Ferrel
(ADDRESS) Platte County Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Platte City DATE 9-3-1938, 19

19. FUNERAL DIRECTOR (NAME) L. F. ROLLINS
(ADDRESS) Platte City Mo.

20. FILED 9-10, 1938 S. P. Ford
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-1-1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug-1 to Sep-1, 1938, to Sep-1-1938., 19
I last saw him alive on Sep-1-1938, 19 Death is said to have occurred on the date stated above, at 12:05 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Insuffiency	
9 J N	

Other contributory causes of importance: none

Name of operation ..... Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) J. V. Ferrel, M. D.
(Address) 500 N-74-KC Mo

(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, ...

Lloyd F Rollins, or by .....

Registered Apprentice No. ~~1306~~, working under my personal supervision.

Signed L. F. Rollins

Licensed Embalmer No. 1306

P. O. Address Platte City

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

If this body is not embalmed, above space should be left blank.