

APR 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9918

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1252

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Harry L. Ferrell 1640

3. (b) If veteran, Harry L. Ferrell Social Security name war No No. 511-0-4481

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Verla Ferrell 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased June 29, 1890
(Month) (Day) (Year)

8. AGE: Years 49 Months 9 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Independence, Kans.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Mgr. Union Gas Corp. Olathe

12. Name Harvey Daniel Ferrell

13. Birthplace Ky
(City, town, or county) (State or foreign country)

14. Maiden name Albertine Hamilton

15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Verla Ferrell

(b) Address 734 W. 24th, Olathe, Mo.

17. (a) Burial (b) Date thereof 3-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olathe Cemetery

18. (a) Signature of funeral director H. E. Julian Olathe Mo

(b) Address _____

19. (a) Mch 27, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Jackson
(c) City or town Olathe
(If outside city or town limits, write "RURAL")
(d) Street No. 734 West Louisa
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day Wednesday
year 1940 hour 10 minute 20 M.

21. I hereby certify that I attended the deceased from March 21, 1940, to March 27, 1940
that I last saw him alive on March 27, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis with liver abscess

Due to Ruptured appendix

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Rupture of gangrenous appendix
Of operations _____
Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury !

23. Signature C. W. Jones M.D. (M. D. or other)
Address Olathe, Kas Date signed 3/27/40

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

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 *H. E. Julein*

Licensed Embalmer No. *2042*

P. O. Address *Osborne Kas.*

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, above space should be left blank.