

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1362
State File No. _____
322
Registrar's No. _____

Registration District No. 399

Primary Registration District No. 1002

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

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:
3825 Genesee Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -----
(Specify whether
In this community 26 Years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Brita Ferm

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mr. Olof P. Ferm 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased March 20 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 10 2 hr. min.

9. Birthplace Leksand Sweden 4
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business -----

12. Name Peter Ingels

13. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Uvel W Ferm

(b) Address 3825 Genesee

17. (a) Burial (b) Date thereof 1-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation Forest Hill Cemetery

18. (a) Signature of funeral director Dr. W. Newcome

(b) Address 1401 Brush Creek Blvd.

19. (a) Jan 23 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3825 Genesee
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22nd
year 1941 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from June 1940,
1940, to Jan 22, 1941;
that I last saw her alive on Jan 21, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 4 days

Due to Semity and Cerebral arteriosclerosis

Due to _____
Other conditions Semile Dementia
(Include pregnancy within 3 months of death)

Major findings: 107
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 Carl H. Ludguit M. P. D
Address 204 P. L. Bldg. Date signed Jan 22

John

704 Avenue 1
106 West 14th Street
11:30 - 1; 2:30 - 4:30

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 *K. C. Newcomer Jr*

Licensed Embalmer No. *4043*

P. O. Address *K. C. No.*

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.