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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2316

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: General Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5mo 12 days (Specify whether
In this community 2 years
years, months or days)

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")
(d) Street No. 2439 Kensington 8
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Earl Farris

3. (b) If veteran, name war no

3. (c) Social Security No. unknown

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased Dec 4. 1902 (Month) (Day) (Year)

8. AGE: Years 40 Months 5 Days 16 If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business

FATHER
12. Name Ben Ferris
13. Birthplace Ill (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Trenner
15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant Record Office KC General
(b) Address

17. (a) ~~Burial~~ (~~Burial, cremation,~~ or removal) (b) Date thereof 5/22/43 (Month) (Day) (Year)
(c) Place: burial or cremation Madison Mo

18. (a) Signature of funeral director Snow Mayberry
(b) Address Lin Ohio

19. (a) 5-20-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1943 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from December 8, 1942, to May 20, 1943;
that I last saw him alive on May 20, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Spondylitis c̄ sinus tract formation

Due to Bilateral psoas abscess

Due to 16

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Duncan R. Thom (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

MAR 28 1950

DEC 7 1949

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 Roy E Snow

Licensed Embalmer No. 2560

P. O. Address Lin + Olive

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.