

FILED JUN 30 1943

Registration District No. **149**

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**
(c) Name of hospital **Kansas City General Hospital No. 1**
(d) Length of stay: **1 Hour**
In this community **12 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **4841 Campbell Street**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Mrs. Lydia Walters Feran**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **487-09-8083**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mr. Joseph Leo Feran** 6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **March 29 1914**

8. AGE: Years **29** Months **2** Days **18/5** If less than one day hr. min.

9. Birthplace **Lincoln Nebraska**

10. Usual occupation **Employee**

11. Industry or business **Aircraft Accessories Corporation**

12. Name **Adam J. Walters**

13. Birthplace **Russia**

14. Maiden name **Elizabeth Benner**

15. Birthplace **Russia**

16. (a) Informant **Joseph Leo Feran**

(b) Address **4841 Campbell Street**

17. (a) **Burial** (b) Date thereof **June 18, 1943**

(c) Place: burial **Memorial Park Cemetery**

18. (a) Signature of funeral director **D. H. Newcomer's Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **6-17-43** (b) **J. E. Brown**

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **14th**
year **1943** hour **3** minute **30 A.** M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him **Deputy Coroner**
and that death occurred on the date and hour stated above.

Immediate cause of death **Gunshot wound of head and chest**

Other conditions **See above**

Major findings: Of operations _____
Of autopsy **See above**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Homicide**
(b) Date of occurrence **June 14, 1943**
(c) Where did injury occur? **Kansas City Jackson Mo.**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **No** (Specify type of place) (e) Means of injury **Gunshot**
23. Signature **D. E. Washburn** (M. D. or other) **M.D.**
Address **23rd M. Way** Date signed **6/17/43**

MAR 29 1946

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..... *C. Hervey Quisenberry*

Licensed Embalmer No..... *4070*

P. O. Address..... *RC Ma*

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.