

FILED JUL 8 1944

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2736

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. Joseph's Hospital
 (If not in hospital or institution, write street number or location) 0
 (d) Length of stay: In hospital or institution 1 day
 (Specify whether
 In this community 24 years
 years, months or days)

3. (a) PRINT FULL NAME Mrs. Josephine F. McFerrin

3. (b) If veteran, name war No
 3. (c) Social Security No. 496-10-4926

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife James M. McFerrin 6. (c) Age of husband or wife if alive 49 years
 7. Birth date of deceased March 29th 1897
 (Month) (Day) (Year)

8. AGE: Years 47 Months 3 Days 1 If less than one day
 hr. min.

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

10. Usual occupation Secretary-Treasurer11. Industry or business Professional Shoe Rebuilders, nc.

MOTHER FATHER { 12. Name John Boyack
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Otylia Berganski
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16: (a) Informant James M. McFerrin(b) Address 5322 Park Avenue

17. (a) Cremation (b) Date thereof 7- 3 -44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery18. (a) Signature of funeral director Freeman Mortuary(b) Address 104 West 42nd Street, K.C., Mo.

19. (a) 6-30-44 (b) N. E. Brown
 (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")
 (d) Street No. 5322 Park Avenue 8
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th
 year 1944 hour 6 a minute M.

21. I hereby certify that I attended the deceased from June 29
 1944 to June 30 1944;
 that I last saw her alive on June 29 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 24 hrs

Due to hypertensionDue to 830

Other conditions nc.
 (Include pregnancy within 3 months of death)

Major findings: Aginal drainage - blood
 Of operations
 Of autopsy

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? _____ (c) Means of injury 0

23. Signature J. Pittam MD (M. D. or other)
 Address 830 Professional Bldg Date signed 6/30/44

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, Mo.

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.