V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40089

Registrar's No. 4923

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 #2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11-24-44-12-2-44 (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 49
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1124 E. 18th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN FERRELL

3. (b) If veteran, name war No

3. (c) Social Security No. 493-12-3903

4. Sex Male 2

5. Color or race Negro 2

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased February (Month) 25 (Day) 1894 (Year)

8. AGE: Years 50 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country) U

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Ed Ferrell
13. Birthplace Liberty (City, town, or county) Mo. (State or foreign country) U

MOTHER
14. Maiden name Cora
15. Birthplace Rosedale (City, town, or county) Kansas (State or foreign country) U

16. (a) Informant Record Clerk
(b) Address General Hospital #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-44 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cem.

18. (a) Signature of funeral director Brady-Brown
(b) Address 1708 Tracy

19. (a) Dec 6 1944 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2
year 1944 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from November 24, 1944 to December 2, 1944 that I last saw him alive on December 2, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute congestive failure — Duration

Due to Hypertensive type heart disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

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

23. Signature [illegible] (M. D. or other)
Address Gen. Hosp. #2 600 E. 22nd Date signed 12-5-44

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 1271

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.