S. No. 2
M—5-43
5-17-39
I X36671

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

25956

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 27 1946

State File No. 27115

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 3493

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 No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether

In this community 30 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. 718 W. 11 St. 8 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME John Ferrell

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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 Oct (Month) 5 (Day) 1857 (Year)

8. AGE: Years 88 Months 9 Days 12 If less than one day hr. min.

9. Birthplace (City, town, or county) MO (State or foreign country) 0

10. Usual occupation none

11. Industry or business

FATHER
12. Name Jesse Ferrell
13. Birthplace (City, town, or county) MO (State or foreign country) 0

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) MO (State or foreign country) 0

16. (a) Informant Record Clerk

(b) Address K.C. Gen Hospt

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-46 (Month) (Day) (Year)

(c) Place: burial or cremation Lee's

18. (a) Signature of funeral director Wm A. Lohmeyer

(b) Address City Mortician

19. (a) 8-13-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1946 hour 10 minute 5 P. M.

21. I hereby certify that I attended the deceased from July 6, 1946 to July 17, 1946 that I last saw him alive on July 17, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pyelonephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 133 a	

Major findings:
Of operations
Of autopsy None

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 0

23. Signature Wm W. Hart (M.D. or other) MD

Address Med. Dir. Gen'l Hosp. Date signed 7-18-46

(Licensed Embalmer's Statement on Reverse Side)

Div. Cape

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Wm A. Lohmeyer

Licensed Embalmer No. 3089

P. O. Address KC 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.