No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 16 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31314

Registrar's No. 3760

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dudley Rest Home 2920 Olive 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community ####11 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City Mo 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2920 Olive 80
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Patrick McFerran
3. (b) If veteran, name war no Record
3. (c) Social Security No. 509-200875
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife No Record
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 25 1876 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	7	6	hr. min.

9. Birthplace No Record (City, town, or county) (State or foreign country)
10. Usual occupation Hotel Buisness
11. Industry or business
FATHER
12. Name No Record 9
13. Birthplace No Record (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) (State or foreign country) 9
16. (a) Informant Dr Geo Clark
(b) Address 408½ West 75th
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 4 47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope Kansas City Kan.
18. (a) Signature of funeral director Harlyn Koe
(b) Address 7406 Fornall Rd
19. (a) 9-3-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31 year 1947 hour 10:30 minute P M.
21. I hereby certify that I attended the deceased from June 15, 1943 to 8-31-1947 that I last saw him alive on 8-30-1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Corinary Empolis	24 hrs.
Due to Myocarditis	5 yrs.
Due to Hypertention	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

PHYSICIAN
Underline the cause of 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? Means of injury
23. Signature George F. Clark (M. D. or other) 2
Address 408½ W. 75 Date signed 9-3-47

Jefferson City Printing Co.

(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 Kenneth R. Royer, Registered Apprentice No. 63, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2816

P. O. Address [illegible]

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.