

FILED JUL 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

238839

State File No. \_\_\_\_\_

2749

|  |                                  |  |  |   |  |  |   |
|--|----------------------------------|--|--|---|--|--|---|
| BIRTH NO. _____  |                                  | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1002</u>  |  | Registrar's No. <u>2749</u>  |   |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |                                  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |  |   |
| b. CITY (If outside corporate limits, write RURAL and give town(ship))<br><b>Kansas City</b>   |                                  | c. LENGTH OF STAY (in this place)<br><b>9 Yrs.</b>   |  | c. CITY OR TOWN<br><b>Kansas City</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Warwick Nursing Home</b>   |                                  |  |  | 5. STREET ADDRESS (If rural, give location)<br><b>3621 Warwick Blvd. 351 1/2</b>  |  |  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>JOSIE</b><br>b. (Middle)<br>c. (Last) <b>MC FERRIN</b>   |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>June 21, 1956</b> |   |  |  |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>   | 8. DATE OF BIRTH<br><b>Feb. 22, 1861</b>                         |   | 9. AGE (In years last birthday)<br><b>95</b>                                 | IF UNDER 1 YEAR<br>Months _____ Days _____   | IF UNDER 4 HRS.<br>Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired)<br><b>At Home</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Johnson County, Missouri</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>  |   |
| 13a. FATHER'S NAME<br><b>John Satterwhite</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Sarah Redford</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>James A. Mc Ferrin</b>  |  |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>James A. Mc Ferrin K. C. Mo.</b>  |  |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition</u><br>(b) <u>Rheumatoid arthritis</u><br>(c) <u>Arterio-sclerotic cerebro-vascular disease</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>vascular disease</u> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>15 yrs</u><br><u>10 yrs</u><br><u>334 x</u><br><u>20 years</u>                                |   |
| 19a. DATE OF OPERATION   |                                  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |   |
| 21a. ACCIDENT SUICIDE - HOMICIDE (Specify)   |                                  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.   |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?  |  |  |   |
| 22. I hereby certify that I attended the deceased from <u>Feb 26, 1956</u> , to <u>6-21, 1956</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>5-2-</u> , 1956, and that death occurred at <u>11 P</u> m., from the causes and on the date stated above. |                                  |  |  |   |  |  |   |
| 23a. SIGNATURE <u>E. L. Petry</u> (Degree or title)<br><u>E. L. Petry M.D.</u>   |                                  |  |  | 23b. ADDRESS<br><u>701 E. 63rd St Kansas City Mo</u>  |  | 23c. DATE SIGNED<br><u>6-22-56</u>   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |                                  | 24b. DATE<br><b>6-24-56</b>  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Carpenter Cemetery</b>  |   | 24d. LOCATION (City, town, or county) (State)<br><b>Blairstown, Missouri</b> |  |   |
| DATE REC'D BY LOCAL REG.<br><b>6-23-56</b>   |                                  | REGISTRAR'S SIGNATURE<br><u>neva minshall</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Freeman Mortuary K. C. Mo.</b>   |  |  |   |

(Licensed Embalmer's Statement on Reverse Side)

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

11-11-1934  
The Eye Society  
Jordan Bldg.  
101 E. 63rd St.

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 ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. R. Freeman*.....

Licensed Embalmer No. 293  
P. O. Address F. C. M.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.