

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

17324  
 Do not use this space.

REC'D JUN 9 1938

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Cow Primary Registration District No. 100  
 (c) City Kansas City (d) Street No. Wheatley Hospital Registered No. 2021  
 (If death occurred in Hospital or institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Pearl Ferrick 562  
 (a) Residence, No. 2801 Sherman St.  Kansas City, Mo  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Ferrick  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-8-1889  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 11 4  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Apr. 1 1938 to 5-17 1938  
 I last saw her alive on 5-10 1938. Death is said to have occurred on the date stated above, at 6:30 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Hepatic carcinoma  
 Date of onset 46  
 Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi  
 FATHER 13. NAME Allen Julian  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi  
 MOTHER 15. MAIDEN NAME Sophia Julian  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi  
 17. INFORMANT (ADDRESS) William Ferrick  
2801 Sherman  
 18. BURIAL, CREMATION, OR REMOVAL PLACE West Lawn DATE 5-17 1938  
 19. FUNERAL DIRECTOR (ADDRESS) K. C. Emb. & Casket Co.  
440 State Ave.  
 20. FILED May 16 1938 M. M. Brown  
 Local Registrar.

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? Yes  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury.....  
 Nature of injury.....  
 24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....  
 (Signed) W. H. Thompson M. D.  
 (Address) 1512 N. 5th

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

---

---

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No.....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**