

SEP 6 1939

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

28165
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson, Registration District No. 399
 (b) Township Kaw, Primary Registration District No. 1002
 (c) City Kansas City, Mo. (d) Street No. George H. Nettleton Home, St.
 (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 Mrs. Bridget P. Farrell,
 (a) Residence, No. Geo. H. Nettleton Home, 5125 Swope Pkwy. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis Marion Farrell,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1862.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
76 10 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland, 5

FATHER 13. NAME Eugene Donohue,
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland,

MOTHER 15. MAIDEN NAME Mary O'Leary,
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland,

17. INFORMANT George H. Nettleton Home,
 (ADDRESS) 5125 Swope Parkway, K. C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrence, Kansas DATE 8-11 29

19. FUNERAL DIRECTOR (NAME) Stine & McClure,
 (ADDRESS) 3235 Gillham Plaza, K. C., Mo.

20. FILED 8/10 19 39 M. M. Browne
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 9, 1939.

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1939, to Aug 9, 1939
 I last saw her... alive on August 18, 1939. Death is said to have occurred on the date stated above, at 12:00 noon.
 The principal cause of death and related causes of importance were as follows:
Compound Fracture of Right Femur
Septic Embolism
 Date of onset May 30/39

Other contributory causes of importance:
Septic Embolism July 12/39

Name of operation Open reduction Date of July 6
 What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury May 30, 1939
 Where did injury occur? In her room, at Nettleton Home
5125 Swope Parkway (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
In her home

Manner of injury Fell while dressing in morning
 Nature of injury Compound Fracture Right Femur

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify John H. Lapp M. D.
 (Signed) John H. Lapp
 (Address) 1314 Professional Bldg

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.

RECORDS—THIS IS A PERMANENT RECORD

Lapp & Hess

Prof. Lapp

V. 9335

10:00 until 1:30

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 _____

J. B. Waters

Licensed Embalmer No. *3992*

P. O. Address *K C 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, above space should be left blank.