S. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5305

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 530

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: Trinity Luthern (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)

In this community 15 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jackon

(c) City or town: Kansas City (If outside city or town limits, write "RURAL")

(d) Street No.: 1021 E. Linwood (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Victor Ferrin Jr.

3. (b) If veteran, name war: Yes

8. (c) Social Security No.: 495-09-3357

4. Sex: Male

5. Color or race: Wh.

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Georgia D. Ferrin

6. (c) Age of husband or wife if alive: 36 years

7. Birth date of deceased: Juney (Month) 2nd. (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
43	8	1	hr. ____ min.

9. Birthplace: Lomdon (City, town, or county) England (State or foreign country)

10. Usual occupation: Salesman K.C. Wholesale

11. Industry or business: Grocery

FATHER
12. Name: Victor Ferrin
13. Birthplace: London (City, town, or county) England (State or foreign country)

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

16. (a) Informant: Georgia Ferrin

(b) Address: 1021 E. Linwood Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 5 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Moriah

18. (a) Signature of funeral director: Eylar Funeral Home

(b) Address: 1800 Linwood K.C. Mo.

19. (a) Feb. 5, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1940 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from June 1936 to Feb 3 1940 that I last saw him alive on Feb 3 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to 23	
Due to	
Other conditions (Include pregnancy within 3 months of death) Tuberculosis Lung	

Major findings:
Of operations
Of autopsy No

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

23. Signature: [illegible] (M. D. or other)

Address: 303 [illegible] Date signed 2-3-40

(Licensed Embalmer's Statement on Reverse Side)

Van 6400

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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.