

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. **24067**  
 Registrar's No. **2677**

Registration District No. **399**

Primary Registration District No. **1002**

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

**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:  
1226 Woodland  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days)  
 In this community 55 years

**3. (a) PRINT FULL NAME** Ella Kirkman Farris 670  
 (b) If veteran, name war None  
 (c) Social Security No. None

4. Sex Fe 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife William Farris 6. (c) Age of husband or wife if alive ? years  
 7. Birth date of deceased August 1872  
(Month) (Day) (Year)

**8. AGE:** Years 67 Months 10 Days ? If less than one day hr. min.

**9. Birthplace** Lawrence Kansas  
(City, town, or county) (State or foreign country)

**10. Usual occupation** At Home

**11. Industry or business** Warren

**MOTHER FATHER**  
 { 12. Name Warren  
 { 13. Birthplace Kansas  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Ella  
 { 15. Birthplace Kansas  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Elmer Kirkman  
 (b) Address 1226 Woodland

**17. (a)** burial (b) Date thereof 7/5/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn  
 (d) Signature of funeral director Watkins Bros.

(e) Address 1729 Lydia  
**19. (a)** July 4, 1940 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1226 Woodland  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ?                      years.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month July day 1  
 year 1940 hour 8 minute 30 P. M.

**21. I hereby certify that I attended the deceased from** 7/1/1940 to 7/1/1940  
 that I last saw her alive on 7/1/1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Nephritis  
& Uremia  
 Due to 131  
 Other conditions Myocardial Failure  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations None  
 Of autopsy None  
 Duration  
 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) None  
 (b) Date of occurrence None  
 (c) Where did injury occur? None  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? None  
(Specify type of place) (Specify means of injury)  
**23. Signature** Elmer Kirkman (M. D. or other)  
 Address 12140 Ave Date signed 7/3/40

**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 Isaac Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 1120 E. 23rd St.

**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.**