

4-13-40
-17-39
K 23159

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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

48
83

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: Osborne Lutheran Hosp
(If not in hospital or institution, write street number or location)

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

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. Berkshire Hotel (If rural, give location)

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

3. (a) PRINT FULL NAME Dorothy Elizabeth Ferrel

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Ray Ferrel 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Aug 13 1898
(Month) (Day) (Year)

8. AGE: Years 42 Months 10 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Platte City MO
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name James Soper

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Wilkinson

15. Birthplace Platte City MO
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Ferrel

(b) Address Berkshire Hotel - Kansas City, Mo

17. (a) Burial (b) Date thereof 6/29/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Platte City, Mo

18. (a) Signature of funeral director George A. Carson

(b) Address Indagapage, Mo

19. (a) 6/27/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1941 hour 10 minute 27 A. M.

21. I hereby certify that I attended the deceased from June 26 to June 27, 1941; that I last saw her alive on June 27 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to 6 1 6 1

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
(Specify type of place)

While at work? no (e) Means of injury no

23. Signature M. M. Crowe (M. D. or other) MD
Address 1002 E. Armour Date signed 6-27-41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Dr. M. J. Howell
100 E. Cameron

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.....

Frank K. Hill

Licensed Embalmer No. *2467*

P. O. Address *Independence, 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, fact should be so stated above.