

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13313

State File No. ....

I X29484

FILED MAY 18 1942 District No. 10 399

Primary Registration District No. 1002

Registrar's No. 1641

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

1. PLACE OF DEATH: **Jackson**

(a) County **Kansas City**

(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **K.C. General Hospital No. 1** **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day** **26 yrs**  
(Specify whether years, months or days)

In this community **26 yrs**  
(Specify whether years, months or days)

3. (a) PRINT **Anna Ferril**  
FULL NAME

3. (b) If veteran, **no** name war

3. (c) Social Security **none** No.

4. Sex **Femal** 5. Color or **White** race

6. (a) Single, widowed, married, **divorced** **Widow**

6. (b) Name of husband or wife **Thomas J Ferril** 6. (c) Age of husband or wife if **alive** years

7. Birth date of deceased **Sept 12 1872**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **17** Days **12** If less than one day  
hr. min.

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

10. Usual occupation **At Home**

11. Industry or business

12. Name **Preston Miller**

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

14. Maiden name **Catherine Mooney**

15. Birthplace **Ala.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Raymond Ferril**  
(b) Address **Independence Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Apr. 27 1942**  
(Month) (Day) (Year)

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

18. (a) Signature of funeral director **Mrs C.L. Forster**  
(b) Address **918 Brooklyn**

19. (a) **4-27-42** (Date received local registrar) (b) **M. Crowe** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **47**

(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1610 Bellefontaine**  
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** **24th** day  
year **1942** hour **1** minute **58 P.** M.

21. I hereby certify that I attended the deceased from **4-23-42**, 19, to **4-24-42**, 19,  
that I last saw **her** alive on **4-24-42**, 19,  
and that death occurred on the date and hour stated above.

Immediate cause of death **LOBAR PNEUMONIA**

Due to **108**

Due to

Other conditions **108**  
(Include pregnancy within 3 months of death)

Major findings: **See above**  
Of operations

Of autopsy

PHYSICIAN **See above**  
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? **0**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work **0** Means of injury **0**

23. Signature **Dr. R. Thorne** (M. D. or other)  
Address **Med. Dir. K.C. Gen. Hospital** Date signed

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**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 me  
..... Registered Apprentice No. ....  
working under my personal supervision.

Signed C. H. Wise  
Licensed Embalmer No. 2570  
P. O. Address Kansas City 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.**