

FILED AUG. 19 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. **3035**

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

48
3
8

1. PLACE OF DEATH:
(a) County Jackson,
(b) City or town Kansas City,
(c) Name of hospital or institution: Research Hospital.
(d) Length of stay: In hospital or institution Since July 4th, 1942
In this community Since July 4.

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas, (b) County Saline 999
(c) City or town Salina,
(d) Street No. 622 West Prescott,
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Miss Florence Ferris.
3. (b) If veteran, name war No.
3. (c) Social Security No. no.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 12th,
year 1942 hour 1:55 minute A. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years

21. I hereby certify that I attended the deceased from July 4, 1942 to Aug 12, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Generalized metastases
Sarcoma of the Breast 2 yrs.

7. Birth date of deceased November 21, 1896
8. AGE: Years 45 Months 8 Days 21
If less than one day hr. min.

Due to 50
Other conditions (Include pregnancy within 3 months of death)
Major findings Of operation Sarcoma of Breast 2 yrs ago
Of autopsy Same as described above

9. Birthplace Ohio, (City, town, or county) (State or foreign country)
10. Usual occupation Teacher,

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?

11. Industry or business School,
12. Name Ezekiel Ferris,
13. Birthplace Ohio, (City, town, or county) (State or foreign country)
14. Maiden name Bertha Nehlig,
15. Birthplace Ohio, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Ferris.
(b) Address 622 W. Prescott, Salina, Kansas.
17. (a) Removal (b) Date thereof 8-12-42
(c) Place: burial or cremation Salina, Kansas.

23. Signature Care R. Ferris (M. D. or dentist)
Address 934 1/2 1st St, Salina, Mo Date signed Aug 11, 1942

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 8-12-42 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

361

Dr. Carl Ferris, Argyle Bldg.,

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

Leon H. Stewart

Licensed Embalmer No. *4177*

P. O. Address. *James 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.