

Registration District No. 149

Primary Registration District No. 1002

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:  
4008 E 39TH STREET  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 35 YEARS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON 48  
(c) City or town KANSAS CITY 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4008 E 39TH STREET 5  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MR. WILLIAM ANDERSON FERRELL

3. (b) If veteran, name war WORLD WAR # I 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
(b) Name of husband or wife MRS. KATHERINE FERRELL 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased OCT 6 1890 (Month) (Day) (Year)

8. AGE: Years 54 Months 0 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace BUTLER MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED POSTAL CLERK

11. Industry or business U.S. POST OFFICE RETIRED 07/45

MOTHER FATHER { 12. Name WOODSON, FERRELL  
13. Birthplace KENTUCKY (City, town, or county) (State or foreign country)  
14. Maiden name KATHERINE FREEMAN  
15. Birthplace INDIANA (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katherine Ferrell  
(b) Address 4008 E 39th

17. (a) Burial (b) Date thereof 10-14-44 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director J. H. Pivemore's Sons  
(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 10-13-44 (b) P. E. Brown (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 11<sup>TH</sup>  
year 1944 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from OCT 6-44  
to OCT 11 1944  
that I last saw him alive on OCT 11 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death. Lobay PNEUMONIA  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings: Of operations none  
Of autopsy none  
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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature James D. Walker (M. D. question)  
Address 1424 Poplar Ridge Date signed 10-12-44

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

OCT 26 1944

W. J. ...  
Professional 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 *Charles T. ...*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

**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.**