

FILED JAN 17 1945
Registration District No. 149

Primary Registration District No. 1002

State File No. _____
Registrar's No. 54

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:
5711 HARRISON STREET
(If not in hospital or institution, write street number or location)

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

In this community 20 YEARS / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY 148
(If outside city or town limits, write "RURAL")

(d) Street No. 5711 HARRISON STREET 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR ALVIN CLARK FERRIS

3. (b) If veteran, name war No

3. (c) Social Security No. 486-01-7136

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 5TH
year 1945 hour 6 minute 30 A.M.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. LENA S FERRIS

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased AUGUST 15 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 1, 1944 to January 5, 1945
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

56 4 20 hr. _____ min.

Immediate cause of death Cerebral Hemorrhage Duration 17 hrs

9. Birthplace BRONSON / KANSAS
(City, town, or county) (State or foreign country)

Due to _____

Due to Coronary heart disease 7

10. Usual occupation PRESIDENT

Other conditions (Include pregnancy within 3 months of death)
asthma (cardiac)

MOTHER FATHER

11. Industry or business OKLAHOMA SILICA SAND CO.

12. Name DWIGHT FERRIS

13. Birthplace UNKNOWN / NEW YORK
(City, town, or county) (State or foreign country)

14. Maiden name AGNES ANN KNIFE

15. Birthplace UNKNOWN / NEW YORK
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy 950

Underline the cause to which death should be charged statistically.

16. (a) Informant MRS. LENA S. FERRIS

(b) Address 5711 HARRISON STREET

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) BURIAL (b) Date thereof JAN 8 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEM.

(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? _____

18. (a) Signature of funeral director D. H. Newcomb's son

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 1-6-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (c) Means of injury

23. Signature [Signature] (M. D. or other) DO
Address 406 W. 11th St. St. Louis, Mo. Date signed 1-5-45

11-5
4th Floor
Westminster 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..... *Oscar Northey*
Licensed Embalmer No. *1767*
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.