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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 25 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15748

Registration District No. 72 | Primary Registration District No. 5-289 | Registrar's No. 13

1. PLACE OF DEATH:
(a) County Clay Gallatin Twsp.
(b) City or town R.D. #8 North Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.D. #8 North Kansas City, Mo. 1
(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 2 months

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. 8
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME JAMES EDWARD FARRIS
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Drucella Farris
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased April (Month) 16 (Day) 1870 (Year)

8. AGE: Years 78 Months 4 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Cabool (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name Porter Farris
13. Birthplace Cabool (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Cabool (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Porter Farris
(b) Address R.D. #8 North Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation Brookside Cem.
18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address 918 Brooklyn, Kansas City, Mo.
19. (a) May 18-1948 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1948 hour 4 minute 55 P.M.
21. I hereby certify that I attended the deceased from March, 1948, to May 15, 1948 that I last saw him alive on May 13, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death) Bi-lat Inguinal Hernia	

Major findings:
Of operations
Of autopsy

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

23. Signature C. J. Ackley M.D. (M. D. or other)
Address R 8 KC Date signed 5-17-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-24-48

Dr. E. J. [illegible]
Avondale (Mon.)
Tl. 1270

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 Jerry A. Minor

Licensed Embalmer No. 4496

P. O. Address 918 Brooklyn, K.C. M

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.