

FILED MAR 20 1950

THE DIVISION OF HEALTH & MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 8656
779

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No.
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 26 yrs.		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		
3. NAME OF DECEASED (Type or Print) John		b. (Middle) C.		c. (Last) FERRIS
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 21, 1893		9. AGE (In years last birthday) 56		10. IF UNDER 1 YEAR Months 50
11. BIRTHPLACE (State or foreign country) Holliday, Kansas		12. CITIZEN OF WHAT COUNTRY? U S		4. DATE OF DEATH (Month) (Day) (Year) Feb. 18, 1950
13a. FATHER'S NAME William L. Ferris		13b. MOTHER'S MAIDEN NAME Mary Short		14. NAME OF HUSBAND OR WIFE Mrs. Anna Ferris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-05-8589		17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna M. Ferris
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Disease DUE TO (c) Diabetes Mell.		INTERVAL BETWEEN ONSET AND DEATH Hours 3 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June 1947, to Feb 18, 1950, that I last saw the deceased alive on Feb 18, 1950, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE Hubert M. Parker		23b. ADDRESS 306 E. 12		23c. DATE SIGNED 2-18-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-20-1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE Mellody-McGilley-Eylar		24f. ADDRESS Kansas City, Mo.
DATE REC'D BY LOCAL REG. 2-20-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Mellody-McGilley-Eylar

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Edw. E. Heck

Signed.....
Student Embalmer

Licensed Embalmer No. 4063

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.