

REC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5232

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 431
 (c) City K.C. Mo. (d) Street No. 1807 Myrtle St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Caroline Fergusson

(a) Residence, No. 1807 Myrtle St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-19-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mts.
81 2 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Chicago
 (STATE OR COUNTRY) Illinois

FATHER 13. NAME Lewis Kling

14. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) No Record
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Fannie T. Shafer,
 (ADDRESS) 1807 Myrtle Avenue, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial pk DATE 2/1 1939

19. FUNERAL DIRECTOR (NAME) Mrs. C.L. Forster,
 (ADDRESS) 918 Brooklyn Avenue, K.C. Mo.

20. FILED 2/1 1939 M. M. Browne
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30-1939

22. I HEREBY CERTIFY, that I attended deceased from Jan. 20, 1939, to Jan. 29, 1939
 I last saw her alive on Jan. 29, 1939. Death is said to have occurred on the date stated above, at 3:30 P. M.
 The principal cause of death and related causes of importance were as follows:

Terminal bronchopneumonia
Senile arteriosclerosis
Head and chest cold
 Date of onset 1/20/39
gradual
187-20 Jan. 15-

Other contributory causes of importance:

Name of operation Clinical Date of 20
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? ✓ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Harwin Delap M. D.
 (Address) 3232 Bellefontaine Ave.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.