No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13985

State File No.

MAY 15 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1697

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: 1607 E. 55th. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackso

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1607 E55th.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Matilda B. Ferguson 622

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fe.

5. Color or race Wh.

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

6. (b) Name of husband or wife Hamlet Ferguson

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

7. Birth date of deceased Febr. (Month) 16 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	2	4	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Book Keeper Central 7

11. Industry or business Junior High School

FATHER
12. Name John H. Boand 7
13. Birthplace Morge (City, town, or county) Switzherland (State or foreign country)

MOTHER
14. Maiden name Elise Magnet
15. Birthplace (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Alice Bound
(b) Address 3117 E. 19 Ter

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22-40 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C.Mo.

19. (a) 4-22-1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-20-40 day
year hour 2:45 A minute M.

21. I hereby certify that I attended the deceased from Deputy Coron 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Spontaneous Subpial 8 2d	
Due to Hemorrhage	
Due to Rupt Cerebral vessel	
Other conditions (Include pregnancy within 3 months of death)	

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 Russell W. Ross (M. D. or other) 5
Address R. Cur Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Chas Wills

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.