

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27478

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3111

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wesley Hospital
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 30 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Benjamin Franklin Ferguson,

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nancy Jane 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased April 17th, 1855
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 16 If less than one day
hr. min.

9. Birthplace Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Cab Builder, Mo. Pacific.

11. Industry or business -----

MOTHER FATHER { 12. Name No Record

13. Birthplace No Record 9
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Charles O. Ferguson,

(b) Address 900 East 11th, Str., K.C. Mo.

17. (a) Burial (b) Date thereof Aug. 5th, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn,

18. (a) Signature of funeral director Mrs. C. L. Forster,

(b) Address 918 Brooklyn Avenue, K.C. Mo.

19. (a) Aug. 4, 1940 (b) m. m. crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 900 E. 11th, Str., K.C. Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3rd,
year 1940 hour _____ minute _____

21. I hereby certify that I attended the deceased from 6/25/40
_____ 19 to 8/3/40 19
that I last saw him alive on 8/3/40
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
prostatitis
myocardial degeneration
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature R. P. Pappay (M. D. or other) ms
Address 1103 Grand Date signed 8/3/40

Dr. Ralph Coffey,
Office _____
Phone _____



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 *Rungil C. Browning*
Licensed Embalmer No. 2724
P. O. Address *J. C. M.D.*

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.