

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 27 1942
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2340

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:
110 North Lawn Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 26 Years
(Specify whether years, months or days)

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. 110 North Lawn Avenue 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 17
If yes, name country. ---

3. (a) PRINT FULL NAME Mrs. Viola Sarah Ferguson
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 16th
year 1942 hour 10 minute 05 A. M.

4. Sex. Female
5. Color or race. White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Mr. John Marion Ferguson
6. (c) Age of husband or wife if alive. 19 years 1869 (Year)

21. I hereby certify that Crowe attended the deceased from _____, 19____ to _____, 19____
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

7. Birth date of deceased. August (Month) 19 (Day) 1869 (Year)
8. AGE: Years 72 Months 9 Days 27 If less than one day 28 hr. min.

Immediate cause of death. Spontaneous dissecting aneurysm of aorta with hemorrhage into myocardium
Due to _____
Due to _____ 9/6

9. Birthplace. Near Cameron (City, town, or county) Missouri (State or foreign country) 11
10. Usual occupation. At Home
11. Industry or business. ---

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy. See above

MOTHER FATHER {
12. Name Thomas Reed
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country) 1
14. Maiden name Mary J.
15. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country) 1

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 _____

16. (a) Informant. L. R. Ferguson
(b) Address. 110 N. Lawn
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. June 18, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Woods Memorial Park Cemetery
18. (a) Signature of funeral director. D. H. Newcomer's son
(b) Address. 1401 Brush Creek Blvd.
19. (a) 6-17-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

23. Signature [Signature] (Physician) [Signature] (M. D. or other)
Address _____ Date 6/16/42

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

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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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address B C 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.