

FILED NOV 10 1944

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1105

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
(Specify whether
 In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 1115 Grand Ave.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME PAULINE FERGUSON

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lawrence Ferguson 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased: June 16 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>4</u>	<u>16</u>	hr. _____ min.

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

10. Usual occupation at home

MOTHER FATHER

11. Industry or business _____
 12. Name Carl Wintcher
 13. Birthplace Unknown, Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Jonanna Koseler
 15. Birthplace Unknown, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gathel Dilley
 (b) Address 608 North 6th

17. (a) burial (b) Date thereof 11/6/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Beckley & Bowman
 (b) Address 319 So. 10th

19. (a) 11/4/44 (b) Robert J. Puck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2
 year 1944 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10/2/44 to 11/3/44, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
 Due to Carcinoma of bladder

Other conditions (Include pregnancy within 3 months of death)
526

Major findings: Of operations _____
 Of autopsy _____

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 0

23. Signature Wm. J. ... Date signed 11/3/44
 Address Kent ...

Duration 18 da.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. Wayne M. Lutzlaker
Kirk, Bldg.

DEC 12 1944

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 Frank J. Brunway

Licensed Embalmer No. 1710

P. O. Address St. Joseph 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.