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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 19 1945**  
Registration District No. 146

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2117  
Registrar's No. 338

Primary Registration District No. 3026

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Indep. Sanitarium and Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 hrs. 0  
(Specify whether  
In this community —  
years, months or days)

3. (a) PRINT FULL NAME Rhonda Jean Ferguson  
3. (b) If veteran, name war —  
3. (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Baby  
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years  
7. Birth date of deceased December 21, 1944  
(Month) (Day) (Year)

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

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

10. Usual occupation —

11. Industry or business —

MOTHER FATHER  
12. Name Frank W. Ferguson, Jr.  
13. Birthplace Jackson City, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mrs. Jean Larson  
15. Birthplace Jackson City, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. F. W. Ferguson, Jr.  
(b) Address Independence, Mo.

17. (a) Burial (b) Date thereof 12-30-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mayfield Home, Aubrey, Independence, Mo.

18. (a) Signature of funeral director —  
(b) Address —

19. (a) 12-30-44 (b) J. M. W. Ross  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 18  
(c) City or town Independence 41  
(If outside city or town limits, write "RURAL")  
(d) Street No. — (If rural, give location) 62  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23  
year 1944 hour 4:45 minute A. M.  
21. I hereby certify that I attended the deceased from 12-21 to 12-22, 1944.  
that I last saw her alive on 12-22, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Separation of placenta with abruptionis resulting therefrom. Duration —

Due to —  
Due to —  
Other conditions —  
(Include pregnancy within 3 months of death)

Major findings: Of operations none done  
Of autopsy none done  
PHYSICIAN —  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(c) 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? —

23. Signature — (Specify type of plac) — Means of injury —  
While at work —  
Address Independence, Mo. Date signed 12-30-44  
(M. D. or other) M.D.

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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

*Roland R. Speaks*

Licensed Embalmer No.

*3604*

P. O. Address

*Indep 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.**