

FILED FEB 7 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 394

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:
324 Myrtle /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 324 Myrtle
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARGARET KATHERINE FERGUSON
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 22
 year 1946 hour 4 minute 50 A.M.

4. Sex Fe. / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow 2
 6. (b) Name of husband or wife Charles V. Ferguson 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Nov. 24, 1874
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Jan 10 1946 to Jan 22 1946
 that I last saw her alive on Jan 22 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
71 1 28 hr. min.

Immediate cause of death:
Myocardial Regeneration 3 mo.
 Due to arteriosclerosis 3 mo.
Diabetes mellitus 15 yrs
 Due to arteriosclerosis

9. Birthplace: Mentor Indiana
 (City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business None

Major findings: col
 Of operations _____
 Of autopsy _____

MOTHER FATHER { 12. Name Marion Jackson 9
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

14. Maiden name _____
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant W. O. Ferguson
 (b) Address 314 Myrtle

17. (a) Burial (b) Date thereof 1/24/46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mound Grove Cemetery

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? _____

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
 (b) Address Kansas City, Mo.

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

19. (a) 1-24-46 (b) Steldine Holmes
 (Date received local registrar) (Registrar's signature)

23. Signature John H. Caldwell (M. D. or other) MD
 Address 1036 Argyle Kansas City, Mo. Date signed 1/23/46

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

958

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 *H. D. Blackman*
Licensed Embalmer No. *3639*
P. O. Address *A. 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.