

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4823

FILED MAR 3 1947

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 759

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2318 East 48th Street Terrace /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Home (Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2318 East 48th St. Terrace
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter B. 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 Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Sept. 20, 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

34 4 29 28 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Charles B. Ferguson

13. Birthplace Warsaw Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Robb

15. Birthplace Pettis County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Edith Ferguson

(b) Address 2318 East 48th St. Kansas

17. (a) Burial (b) Date thereof Feb 21 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warsaw, Missouri

18. (a) Signature of funeral director A. C. Johnson

(b) Address 149 20th St. K.C. Kansas

19. (a) 2-19-47 (b) Thelma Holme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 18
year 1947 hour 7 PM minute _____ M.

21. I hereby certify that I attended the deceased from
FEB 17, 1947, to FEB 18, 1947,
that I last saw him alive on FEB 18
and that death occurred on the date and hour stated above.

Immediate cause of death PULMONARY TUBERCULOSIS

Due to INFECTED WITH T.B.

Due to _____

Other conditions NONE
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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?

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

23. Signature James H. Sanders (M. D. or other) M.D.
Address 221 Plaza Med. Bldg. Date signed 2-19-47

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

MOTHER FATHER

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

M. J. Swisher

Licensed Embalmer No.

3805

P. O. Address

1212 Hansen

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.