

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 17400  
 Registrar's No. 2318

**RECD JUN 9 1947**  
 Registration District No. 177

Primary Registration District No. 1002

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

**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: ST. LUKES HOSPITAL  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1-DAY  
(Specify whether years, months or days)  
 In this community 25 YEARS

**3. (a) PRINT FULL NAME** MRS LULA ALBERTA FERGUSON  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced WIDOWED  
 6. (b) Name of husband or wife MR. JOHN C. FERGUSON  
 6. (c) Age of husband or wife if alive      years  
 7. Birth date of deceased MARCH 17 1874  
(Month) (Day) (Year)

**8. AGE:** Years 73 Months 2 Days 8  
 If less than one day      hr.      min.

9. Birthplace CUMBERLAND COUNTY KENTUCKY  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

**MOTHER FATHER**  
 11. Industry or business       
 12. Name B. M. YOUNG  
 13. Birthplace UNKNOWN KENTUCKY  
(City, town, or county) (State or foreign country)  
 14. Maiden name MARY KEEN  
 15. Birthplace CUMBERLAND COUNTY KENTUCKY  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. MARY SETTLE  
 (b) Address 3042 ASKEW AVENUE  
 17. (a) BURIAL (b) Date thereof MAY 28 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation FLORAL HILLS CEM.

18. (a) Signature of funeral director W. Newsamer's Sons  
 (b) Address 1401-BRUSH CREEK BLDG.  
 19. (a) 5-27-47 (b) Staldine Holmes  
(Date received local registrar) (Registrar's signature)

**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. 3042 ASKEW AVENUE  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country     

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month MAY day 25<sup>TH</sup>  
 year 1947 hour 8 minute 00 P. M.  
 21. I hereby certify that I attended the deceased from 5-24  
2, 1947, to 5-25-, 1947  
 that I last saw h. W. alive on 5-25-47, 19    ;  
 and that death occurred on the date and hour stated above.

Immediate cause of death meningitis  
 Due to pneumonia  
 Due to       
 Other conditions 81a  
(Include pregnancy within 3 months of death)

Duration 48 hrs  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

Major findings:       
 Of operations       
 Of autopsy meningitis

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       
 23. Signature Eulis Wallenburg (M. D. or other)       
 Address Flora Med Bldg Date signed 5-26-47

*Olga Muellic Bell*

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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.....

*John E. Fraking*....., Registered Apprentice No. *504*  
working under my personal supervision.

Signed *E. Oscar Worthy*.....

Licensed Embalmer No. *1767*.....

P. O. Address *Kansas City*.....

**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.**