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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **416**

Registration District No. **1948/49**

Primary Registration District No. **1002**

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: **General Hospital No. 1**
(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 **3 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. **2852 Campbell**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **MARYewel Ferguson**
 (b) If veteran, name war **No**
 (c) Social Security No. **NONE**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Jan.** day **28**
 year **1948** hour **11** minute **20 P.M.**

4. Sex **FEMALE** 5. Color or race **WHITE**
 6. (a) Single, widowed, married, divorced **WIDOWED**
 (b) Name of husband or wife **MR. HARRY FERGUSON**
 (c) Age of husband or wife if alive **22** years
 7. Birth date of deceased: **JULY 22 1885**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan. 21** 19**48** to **Jan. 28** 19**48**
 that I last saw h. **er** alive on **Jan. 28** 19**48**
 and that death occurred on the date and hour stated above.

8. AGE: Years **62** Months **6** Days **6**
 If less than one day
 hr. _____ min.

Immediate cause of death **Myocardial infarction**
 Duration _____

9. Birthplace **HOT SPRINGS ARKANSAS**
(City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation **SEWING ROOM**

Other conditions **94a**
(Include pregnancy within 3 months of death)

11. Industry or business **GOODWILL INDUSTRIES**

Major findings:
 Of operations _____

12. Name **FARR**

Of autopsy **None**
 Underline the cause to which death should be charged statistically.

13. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant **MR. ROBERT E. HANEY**

(b) Address **3753 THE PASAD**

17. (a) **REMOVAL** (b) Date thereof **JAN 30 1948**
(Burial, cremation, or removal) (Year)

(c) Place: burial or cremation **HOT SPRINGS, ARKANSAS**
FILES CEMETERY

18. (a) Signature of funeral director **Dr. W. Newman Jones**

(b) Address **1401-BRUIN GREEN BLVD.**

19. (a) **1-30-48** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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 **Wm W. Jones** (M. D. or other) **MD**
 Address **Med. Dir. Gen'l Hosp.** Date signed **1-29-48**

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.....

Jess T. News

Licensed Embalmer No. *4453*

P. O. Address *Texas 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.