

BIRTH NO. Da Allen REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 391

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, write RURAL and give township) Independence
 c. LENGTH OF STAY (In this place) 10 Min
 d. FULL NAME OF HOSPITAL OR INSTITUTION Indep. Sanitarium
 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
 a. STATE Missouri b. COUNTY Jackson
 c. CITY (If outside corporate limits, write RURAL and give township) Independence
 OR TOWN 0485
 d. STREET ADDRESS (If rural, give location) 1122 So. Main 0

3. NAME OF DECEASED
 a. (First) Conard b. (Middle) Leslie c. (Last) Ferguson
 4. DATE OF DEATH (Month) (Day) (Year) Oct 17, 1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH June 3, 1880 9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber 10b. KIND OF BUSINESS OR INDUSTRY Bldg. 11. BIRTHPLACE (State or foreign country) N. Jersey 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Leroy Ferguson 13b. MOTHER'S MAIDEN NAME Margaret Ferguson 14. NAME OF HUSBAND OR WIFE Margaret Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Margaret Ferguson ADDRESS 1122 S. Main

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia INTERVAL BETWEEN ONSET AND DEATH 48 hrs
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Arteriosclerosis 1 year
 DUE TO (c) Senile Dementia 1 year
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION no operated 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4500

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-17, 1957 to 10-17, 1957, that I last saw the deceased alive on Oct 17, 1957, and that death occurred at 4:05 PM from the causes and on the date stated above.

23a. SIGNATURE Da Allen M.D. (Degree or title) 23b. ADDRESS Independence Mo 23c. DATE SIGNED Oct 20, 1957

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct 19, 1957 24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem 24d. LOCATION (City, town, or county) (State) Indep. Mo

DATE REC'D BY LOCAL REG. Oct 18, 1957 REGISTRAR'S SIGNATURE [Signature] 354 25. FUNERAL DIRECTOR'S SIGNATURE Dixon L. Repley ADDRESS Indep. Mo

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

4-5

OCT 2 9 RECD

AUG 30 1955

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Dixon L. Kepley

Licensed Embalmer No. 4225

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.