

REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17466

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City, Mo. (d) Street No. 900 East 11th, Str., K.C. Mo. Registered No. 1868
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nancy Jane Ferguson,

(a) Residence, No. 900 East 11th, Str., K.C. Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>B.F. Ferguson,</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 10 - 18 57</u>				
7. AGE	YEARS 81	MONTHS 10	DAYS 23	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housewife</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

FATHER 13. NAME Unk Ford,

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Unk Steel

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Charles O. Ferguson, 900 East 11th, Str., K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn, DATE May 6th, 19 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C.L. Forster 918 Brooklyn Avenue, K.C. Mo.

20. FILED May 4, 19 39 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3rd, 19 39

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 39 to May 3 19 39
I last saw her alive on May 3 19 39. Death is said to have occurred on the date stated above, at 11: P.M.

The principal cause of death and related causes of importance were as follows:

auricula fibrillation Date of onset
myocardial failure
570

Other contributory causes of importance:

deformity
deforming arthritis
spondylitis

Name of operation no Date of

What test confirmed diagnosis? Cholesterol Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) R. Claffey, M. D.

(Address) 1123 Grand

Dr. Coffey, R. H.
Prof. Bide...
Phone 242 200

after 02.2.

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 *Renzil O. Browning*

Licensed Embalmer No. 2724

P. O. Address 918 Brooklyn

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, above space should be left blank.