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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 359

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

1191

State File No. 132

Registrar's No.

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:
644 West Meyer Boulevard, 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution X (Specify whether
 In this community Since 1902, years, months or days)

3. (a) PRINT FULL NAME Wilbert M. Ferguson,
 3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married,
 6. (b) Name of husband or wife Jennie B. Ferguson, 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased May 7th 1865 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 8 2 hr. min.

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

10. Usual occupation Retired,

11. Industry or business Hardware Dealer,

12. Name John P. Ferguson,

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

14. Maiden name Day,

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

16. (a) Informant Miss Bonita Ferguson,
 (b) Address 644 West Meyer Blvd., K.C., Mo.

17. (a) Burial, (b) Date thereof 1-12-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery,

18. (a) Signature of funeral director Stine & McClure,
 (b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-12-42 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48
 (a) State Missouri, (b) County Jackson, 3
 (c) City or town Kansas City, 8
 (If outside city or town limits, write "RURAL")
 (d) Street No. 644 West Meyer Boulevard,
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? X 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th,
 year 1942 hour 12:50 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 12
1941, to Jan. 9 1942
 that I last saw him alive on Jan. 7 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Prostate Gland

Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death)
516

Major findings:
 Of operations none
 Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

23. Signature W. D. ... M.D. or other
 Address 1363 ... Date signed 1/10/42

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

MOTHER FATHER

Dr. W. D. Stipe,
Waldheim Bldg.,
Vi 7755

J.R.M.

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, *S. J. ALLEN*

Licensed Embalmer No. *1415*

P. O. Address *K. C. 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.