

FILED APR 13 1942

State File No. \_\_\_\_\_

Registration District No. 748

Primary Registration District No. 4082 5212

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town Rural Mt Pleasant  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  (Specify whether  
In this community 1 yr. 5 mo.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19  
(c) City or town Belton Mo Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4th North Belton, Mo 11  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 11 years.

3. (a) PRINT FULL NAME EMMA ANN FERGUSON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife S. B. Ferguson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 6 1869  
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Moore  
13. Birthplace Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name  Evelyn Louise Phillips  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant S. B. Ferguson  
(b) Address Belton, Mo.

17. (a) Burial (b) Date thereof April 4, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park, R.C., Mo.

18. (a) Signature of funeral director C. K. George & Sons  
(b) Address Belton, Mo.

19. (a) April 7, 1942 (b) Margaret Tullie  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3  
year 1942 hour 4 minute 10 A. M.

21. I hereby certify that I attended the deceased from 3-31 1942 to April 3 1942  
that I last saw her alive on April 4 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Left Hemiplegia  
Duration 7 day

Due to 83a!  
Due to \_\_\_\_\_

Other conditions Myocarditis + Hypertension  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature R. M. Milled (M. D. or other) D  
Address Belton Mo Date signed 4-4-42

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

19  
9

---

---

**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..... *A. H. Beane*.....

Licensed Embalmer No. *3645*.....

P. O. Address *Sumner, 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, above space should be left blank.**