V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20256

FILED JUL 17 1942

Registration District No. 399 Primary Registration District No. 100 Registrar's No. 2582

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospt.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town K.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 916 E 12 St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George J. Ferguson
3. (b) If veteran, name war
3. (c) Social Security No. 490-16-5812
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Violet Ferguson
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Feb 4, 1912 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
30	5	3	hr. min.

9. Birthplace K.C. (City, town, or county) Kans (State or foreign country)
10. Usual occupation Cab Driver
11. Industry or business
MOTHER FATHER
12. Name Joseph J. Ferguson
13. Birthplace Jeffersonville Ind. (City, town, or county) (State or foreign country)
14. Maiden name Rena A. Miller
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Cora Gaffney
(b) Address 2470 Bellefontaine
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-42 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cem
18. (a) Signature of funeral director H. Tegmann & Sons
(b) Address 2738 Prospect
19. (a) 7/7/42 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 5 year 1942 hour 9:45 minute A. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred on the date and hour stated above.
Coroner

Immediate cause of death	Duration
Fracture of skull	
Due to 1860	
Due to 1A	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy see above	

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) Accident 123
(b) Date of occurrence 7/3/42
(c) Where did injury occur? Kansas City, Jackson, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? (e) Means of injury Fall from window
23. Signature ... (M. D. or other)
Address K.C. Mo. Date signed 7/5/42

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

$41

(Licensed Embalmer's Statement on Reverse Side)

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 Francis Walton, Registered Apprentice No. 2744, working under my personal supervision.

Signed J. K. Regiman

Licensed Embalmer No. 2744

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.