

FILED DEC 30 1942

Primary Registration District No. **1600**

Registrar's No. **1211**

11
1
7

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

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Missouri Methodist** **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **11 days**
27 years (Specify whether years, months or days)

In this community **27 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan** **11**

(c) City or town **St. Joseph** **1**
(If outside city or town limits, write "RURAL")

(d) Street No. **1533 7th Ave** **7**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country **0**

3. (a) PRINT FULL NAME **William E. Ferguson**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** **14** day
year **1942** hour **9** minute **10** P.M.

3. (b) If veteran, name war **no** 3. (c) Social Security No. **No**

21. I hereby certify that I attended the deceased from **12-3-42** to **12-14-42** 19**42**

that I last saw him alive on **12-14-42** 19**42** and that death occurred on the date and hour stated above.

4. Sex **Male** **0** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

Immediate cause of death **hyper-tensive heart disease - hypertensive in sufficiency - congestive type** **12-3**

Duration **to 12-14**

6. (b) Name of husband or wife **Naomi unknown** 6. (c) Age of husband or wife if alive **18-9** years

7. Birth date of deceased **1859**
(Month) (Day) (Year)

8. AGE: Years **83** Months Days If less than one day hr. min.

Due to **12-14**

Other conditions **Chronic nephritis**
(Include pregnancy within 3 months of death)

9. Birthplace **Illinois** **1**
(City, town, or county) (State or foreign country)

Major findings: Of operations **none** Of autopsy **none** **1318**

PHYSICIAN **1318**
Underline the cause to which death should be charged statistically.

10. Usual occupation **Union Terminal**

11. Industry or business

12. Name **Joseph Ferguson**

13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Angeline Maner**

15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Roy Ferguson** (b) Address **1514 South 6th St**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(b) Date of occurrence **no**

(c) Where did injury occur? **no**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) **Burial** (b) Date thereof **12-16-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Trenton, MO**

Home **Tracy Barry Funeral**
(Specify type of place) (e) Means of injury

23. Signature **Tracy Barry** (M.D. or other) **med.**
Address **218 South 10th St** Date signed **12/14/42**

18. (a) Signature of funeral director **Tracy Barry**
218 South 10th St

(b) Address

19. (a) **12-16-42** (b) **Rose Hering**
(Date received local registrar) (Registrar's signature)

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 Victor J. Bassy

Licensed Embalmer No. 42124

P. O. Address St. Joseph 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.