

FILED MAR 31 1943

State File No. _____
Registrar's No. 1480

Registration District No. _____ Primary Registration District No. 1002

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:
3016 Jarboe /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3016 Jarboe
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ruth Ferguson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles Ferguson 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased October 12 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 5 12 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

MOTHER FATHER { 11. Industry or business _____

12. Name George Claxton
13. Birthplace Paris Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Maggie Childs
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Ferguson
(b) Address 3016 Jarboe

17. (a) burial (b) Date thereof 3/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director W. M. Crowl
(b) Address 1729 Lydia

19. (a) 3-27-43 (b) W. M. Crowl
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th
year 1943 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 19, 1941 to March 24, 1943
that I last saw him alive on March 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis Duration 2 yrs

Due to _____
Due to _____

Other conditions Hyper tension
(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 W. M. Crowl (M. D. or other)
Address 1968 N. 3rd St. Kansas City, Mo. Date signed 3/27/43

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

alizer

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.....

J. Jerome Manlove

..... Licensed Embalmer No. *3994*

P. O. Address. *2503 Highland*

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.