

FILED MAY 25 1944
Registration District No. 197

Primary Registration District No. 1001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson Kansas Co
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mary Rest 4/11 Ave 3215 Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay In hospital or institution at yrs
In this community 23 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 8531 Woodland
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME NANNIE E. FERGUSON

3. (b) If veteran, name war - no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed married, divorced
6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased Aug 2 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 17 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER

12. Name Wm Vaught
13. Birthplace not known 9
(City, town, or county) (State or foreign country)
14. Maiden name "
15. Birthplace " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde A. Ferguson
(b) Address 8531 Woodland

17. (a) Burial (b) Date thereof May 22 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Bentley Mortuary
(b) Address 5811 Trotter

19. (a) 5-20-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from 19... to 19...
that I last saw her alive on May 16 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death coronary myocardia
tra Duration 4 yrs

Due to Senility

Due to arterial sclerosis

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 93d
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 Mary J. Down (M. D. or other)
Address 4116 Walnut St. K.C. Date signed 5-21-44

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

Mary J. Lower
4116 Walnut

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.....
Licensed Embalmer No. 2754
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.