

LED JAN 4 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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:  
 4223 Euclid  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution no. 1  
(Specify whether years, months or days) 12 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson, 48  
 (c) City or town Kansas City, 3  
(If outside city or town limits, write "RURAL") 8  
 (d) Street No. 4223 Euclid  
(If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country \_\_\_\_\_ X 7

3. (a) PRINT FULL NAME Mrs. Anna Lizzie Ferguson  
 3. (b) If veteran, name war no. 3. (c) Social Security No. no.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month December day 17th  
 year 1944 hour 3:00 minute A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife John M. Ferguson 6. (c) Age of husband or wife if alive, dec. years  
 7. Birth date of deceased September 11 1859  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1940  
 1944, 19 to 1944, 19  
 that I last saw him alive on Dec 2, 1944, 1944  
 and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 3 Days 6 If less than one day  
 hr. min

Immediate cause of death  
 Duration

9. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
 10. Usual occupation at home,

Due to Hyperemic heart Disease.

11. Industry or business no.

Due to Coronary occlusion

12. Name Alfred Roberts,  
 13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Donaldson  
 15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

16. (a) Informant Mrs. Oscar Kayser,  
 (b) Address 4225 Euclid, Kansas City, Mo.  
 Removal (b) Date thereof 12-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Butler, Missouri.

Major findings: Of operations 930  
 Of autopsy  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Stine & McClure,  
 (b) Address 3235 Gillham Plaza, Kansas City, Mo.  
 19. (a) 12-18-44 (b) H. E. Brown  
(Date received local registrar) (Registrar's signature)

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. R. Jackson, (M. D. or other) \_\_\_\_\_  
 Address 1107 Belmont Date signed 12/18/44

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

Wm R Jackson  
Dyckhoff Block  
P.O. Box

**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. 1415.....

P. O. Address .....

**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.