

FILED MAR 24 1945
Registration District No. **949**

Primary Registration District No. **1002**

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

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:
1925 Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution unknown. (Specify whether
In this community unknown. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Pvt. John T. Ferguson
3. (b) If veteran, name war World War II
3. (c) Social Security No. 269-18-7042

4. Sex Male **5. Color of race** Col
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 9 years
7. Birth date of deceased 1900
(Month) (Day) (Year)

8. AGE: Years 44 Months Days If less than one day
hr. min.

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

10. Usual occupation Soldier

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Sgt. Brouse
(b) Address Military Police, 1925 Main

17. (a) removal removal **(b) Date thereof** 3/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)
Columbus, Ohio

18. (a) Signature of funeral director Halkins Bros
(b) Address 1729 Lydia

19. (a) 3-6-45 **(b) N. E. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County 999
(c) City or town Columbus 53
(If outside city or town limits, write "RURAL")
(d) Street No. 681 E. Long (If rural, give location) 60
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 9

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 7
year 1945 hour 12 minute 05 A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on March 7, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Hypertrophy
Acute Bulbar Myelitis
Due to Acute Alcoholism
Due to 9502
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations _____
Of autopsy Cardiac Hypertrophy (yes)
Acute Bulbar Myelitis
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)
Means of injury 0
23. Signature John J. [unclear] (M. D. or other)
Address Dr. J. [unclear] Date signed 3-5-45

MAR 29 1949

JAN 21 1949

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. J. 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.