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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24156

State File No. ✓

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 85

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Grain Mission (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Home for the Aged (If not in hospital or institution, write street number or location) (white)

(d) Length of stay: In hospital or institution 1 year, 6 months (Specify whether)

In this community 1 yr. 6 mo. 13 Dd 13 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 3427 Wyandotte (If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME William H. Ferguson

3. (b) If veteran, name war No

3. (c) Social Security No. 493-12-4204

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Minnie

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased December (Month) 30 (Day) 1870 (Year)

8. AGE: Years 75 Months 6 Days 14 If less than one day ___ hr. ___ min.

9. Birthplace Pettis County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business None

FATHER
12. Name James H. Ferguson
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Elizabeth Hays
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Records Jackson County Home
(b) Address Route 4, Independence, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Blackman
(b) Address K. C. Mo

19. (a) June 18-1945 (Date received local registrar) (b) F. M. Schiele By E. M. S. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1945 hour 4130 minute P M.

21. I hereby certify that I attended the deceased from June 14, 1945 to June 17, 1945 that I last saw him alive on June 17, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

946

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. W. Greene (M.D. or other)

Address Independence Mo Date signed 6/18/45

(Licensed Embalmer's Statement on Reverse Side)

1162

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 H D Blackman

Licensed Embalmer No. 3639

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.