No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 19 1947

Registration District No. 1447

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27678

Registrar's No. 3276

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 days (Specify whether years, months or days)
In this community: 43 Yrs.

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")
(d) Street No.: 1426 Charlotte 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Harry H. Ferguson
3. (b) If veteran, name war: no
3. (c) Social Security No.: none

4. Sex: M 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June 20, (Month) 1870 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	~~8~~ 1	12	hr. min.

9. Birthplace: Illinois (City, town, or county) / (State or foreign country)
10. Usual occupation: Janitor
11. Industry or business:
FATHER
12. Name: William Furguson
13. Birthplace: Unknowen (City, town, or county) Ill (State or foreign country) /
MOTHER
14. Maiden name: Unknowen
15. Birthplace: Ill. (City, town, or county) (State or foreign country) /
16. (a) Informant: Vera C. Hathaway
(b) Address: 303 So. 18th Kansas City, K.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park K.C.K.
18. (a) Signature of funeral director: Geo W. Long
(b) Address: 703 No. 10th K.C.K.
19. (a) 8-4-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 2nd year: 1947 hour: 3 minute: 30 A.M.

21. I hereby certify that I attended the deceased from July 27, 1947 to August 2, 1947 that I last saw him alive on August 2, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized arterio sclerosis — Duration
Arterio-Sclerotic heart disease
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 93d
Major findings:
Of operations:
Of autopsy: See above

PHYSICIAN
Underline the cause of 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: 0

23. Signature: Wm W. Hart (M. D. or other) MD
Address: Med. Dir. Gen. Hosp. #1 Date signed: 8/2/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. H. Rider

Licensed Embalmer No. 3404

P. O. Address 703 N 10 KC Ks

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.