

FILED NOV 24 1947 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Panasas City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Ann's Lutheran Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 46 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Panasas City
(If outside city or town limits, write "RURAL"
(d) Street No. 644 W Meyer Blvd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Mr Jennie B. Ferguson

3. (b) If veteran, name was NO 3. (c) Social Security No. NO

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Wilbert M. Ferguson 6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased: 19 (Month) 22 (Day) 1868 (Year)

8. AGE: Years 78 Months 10 Days 12 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Wm C Blair
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Mary C. Buckingham
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Miss Bonita Ferguson

(b) Address 644 W Meyer Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/6/47 (Month) (Day) (Year)

(c) Place: burial or cremation St. Moriah Cem

18. (a) Signature of funeral director Stine McClure

(b) Address Kansas City, Mo

19. (a) 11-16-47 (Date received local registrar) (b) Ardaline Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4 year 1947 hour 8 minute 55 P.M.

21. I hereby certify that I attended the deceased from 3 Nov 1947 to 4 Nov 1947 and that death occurred on the date and hour stated above. I last saw her alive on 11-4 1947

Immediate cause of death Cerebral Hemorrhage Duration

Due to Malignant Hyge - Jensen

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no 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 injury) (e) Means of injury no

23. Signature Robert M Myers (M. D. or other) M.D. Address 1025 Realto Blvd Date signed 6 Nov 47

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

OCT 21 1952

W. H. H. H. H. H.
M. H. H. H. H. H.
M. H. H. H. H. H.

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. Clair Sheppard
Licensed Embalmer No. 4179
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.