

S. No. 2
I-1/47
5-17-39

FILED DEC 15 1947
Registration District No. **167**

Primary Registration District No. **4255**

Registrar's No. **49**

1. PLACE OF DEATH:

(a) County **Jackson Johnson**

(b) City or town **KINGSVILLE MO**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **RESIDENCE**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 YEAR**
(Specify whether 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. **8**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **EDWARD OLNEY FERGUSON**

3. (b) If veteran **No** name war _____

3. (c) Social Security No. **703-03-8842**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **22** nd
year **1947** hour **4** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Oct. 13**
19**47** to **Nov. 22**, 19**47**
that I last saw **him** alive on **Oct. 13**, 19**47**
and that death occurred on the date and hour stated above.

4. Sex **MALE** () 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MRS. CONNIE FERGUSON**

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

7. Birth date of deceased **SEPTEMBER 10 1874**
(Month) (Day) (Year)

Immediate cause of death _____

Due to **Carcinoma of stomach & breast metastases**

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autops: _____

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

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

73 2 12 hr. min.

9. Birthplace **WICHITA KANSAS**
(City, town, or county) (State or foreign country)

10. Usual occupation **MECHANIC**

11. Industry or business **K. C. TERMINAL R. R.**

12. Name **JOHN M. FERGUSON**

13. Birthplace **BEDFORD INDIANA**
(City, town, or county) (State or foreign country)

14. Maiden name **EMMA F. YOUNGER**

15. Birthplace **BEDFORD INDIANA**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Tom Barrett**
(b) Address **4063 Warwick Blvd.**

17. (a) **Burial** (b) Date thereof **Nov. 25 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FLORAL HILLS**

18. (a) Signature of funeral director **R. H. Newcomer's Sons**
(b) Address **1401 Bush Creek Blvd.**

19. (a) **Dec. 1 1947** (b) **Wm. H. V. Redford**
(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? _____
(Specify type of place)

While at work? _____ Means of injury _____

23. Signature **John Skinner** (M. D. or other) _____
Address **1402 Bryant Blvd.** Date signed **1/24/47**

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

MOTHER FATHER

JAN 9 1948

2

FEB 3 - 1948

Exempt Rule - 11/70/10

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K.C. 4 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.