

STANDARD CERTIFICATE OF DEATH

FILED SEP 7 1949

State File No. ....

Registrar's No. 271

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY Jackson                          |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Jackson |  |
| b. CITY OR TOWN Independence                                    |  | c. CITY OR TOWN Independence  |  |
| c. LENGTH OF STAY (In this place) 1 Day                         |  | d. STREET ADDRESS (If rural, give location) 924 E So Ave  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium |  |   |  |

|   |                     |  |  |  |                                     |
|---|---------------------|--|--|--|-------------------------------------|
| 3. NAME OF DECEASED (Type or Print) Henry Robert Ferguson   |                     |  | 4. DATE OF DEATH (Month) (Day) (Year) Aug 24 49                |  |                                     |
| 5. SEX Male   | 6. COLOR OR RACE Wh | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Jan 3 1860                                    |  | 9. AGE (In years last birthday) 89  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired |                     | 10b. KIND OF BUSINESS OR INDUSTRY Farmer                       | 11. BIRTHPLACE (State or foreign country) Halifax Co, Virginia |  | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

|                                    |                                   |   |
|------------------------------------|-----------------------------------|---|
| 13a. FATHER'S NAME Robert Ferguson | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Mrs Lida Ferguson |
|------------------------------------|-----------------------------------|---|

|  |                              |   |                      |
|--|------------------------------|---|----------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs Larkin Daniel | ADDRESS Independence |
|--|------------------------------|---|----------------------|

|   |  |  |  |
|---|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*<br>Tuberculous, bilateral basal   |  | INTERVAL BETWEEN ONSET AND DEATH<br>18 hours<br>470X<br>48 hours<br>1 year |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last...<br>DUE TO (b)<br>DUE TO (c)                                    |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>Acute chills, cystitis, emphysema, & asbestosis |  |  |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br>no operation | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|--|--|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from Aug 23, 1949, to Aug 24, 1949, that I last saw the deceased alive on Aug 24, 1949, and that death occurred at 5:55 pm., from the causes and on the date stated above.

|  |                               |                               |
|--|-------------------------------|-------------------------------|
| 23. SIGNATURE (Degree or title) W. H. Allen M.D. | 23b. ADDRESS Independence, MO | 23c. DATE SIGNED Aug 26, 1949 |
|--|-------------------------------|-------------------------------|

|   |                       |   |  |
|---|-----------------------|---|--|
| 24. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Aug 28-1949 | 24c. NAME OF CEMETERY OR CREMATORY Salem Cemetary | 24d. LOCATION (City, town, or county) (State) Jackson Mo |
|---|-----------------------|---|--|

|                                      |  |   |                    |
|--------------------------------------|--|---|--------------------|
| DATE REC'D BY LOCAL REG. Aug 27 1949 | REGISTRAR'S SIGNATURE James G. [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE Ott & Mitchell | ADDRESS Indep. Mo. |
|--------------------------------------|--|---|--------------------|

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

SEP 1 RECD

*Sept. 1 - 47*

**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 \_\_\_\_\_

Student Embalmer No. **XX**

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. **3156**

P. O. Address **Independence, 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.