

FILED JUN 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. **18903**
2416

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, write RURAL and give town) **Kansas City**
c. LENGTH OF STAY (in this place) **28yrs**
d. FULL NAME OF HOSPITAL OR INSTITUTION **2210 E. 12th**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Jackson**
c. CITY OR TOWN **Kansas City**
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) **2210 E. 12th** **3178**

3. NAME OF DECEASED (Type or Print)
a. (First) **Sarah** b. (Middle) **S.** c. (Last) **Ferguson**
4. DATE OF DEATH (Month) (Day) (Year) **5--27--54**

5. SEX **Female** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **May 25, 1896** 9. AGE (In years last birthday) **57 5/8** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) **Newport, Arkansas**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Walter Thompson** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Edward Ferguson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO**
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME **Edward Ferguson** ADDRESS **2210 E. 12th**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
*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* (a) **Hypertensive Vascular Disease**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Chronic glomerulonephritis** **Memia**
DUE TO (c) **Diabetes Mellitus**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH **2600**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **12-1-53, 19** to **5-27-54, 19**, that I last saw the deceased alive on **5-26-54, 19**, and that death occurred at **5:00 pm.**, from the causes and on the date stated above.

23a. SIGNATURE **Royall B. Fleming** (Degree or title) **MD** 23b. ADDRESS **1433 E-19th W** 23c. DATE SIGNED **5-28-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **June 1, 1954** 24c. NAME OF CEMETERY OR CREMATORY **Highland** 24d. LOCATION (City, town, or county) (State) **Kansas City Mo.**

DATE REC'D BY LOCAL REG. **5-29-54** REGISTRAR'S SIGNATURE **Geraldine Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **Watson Bros. 18th & Leaton** ADDRESS _____

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

Dr. Fleming

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..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Bruce L. Watkins*

Licensed Embalmer No. *4509*

P. O. Address *1840*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.