N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X12004

REC'D OCT 19 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31738
Do not use this space.

1. PLACE OF DEATH
(a) County Andrew 2
(b) Township Benton 1
(c) City
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 9
Primary Registration District No. 400950126 Registered No.

2. PRINT FULL NAME George W. Ferguson
(a) Residence, No. R.F.D. Rosendale Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

622

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Estelle Ferguson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15 1874

7. AGE: Years 65 | Months 5 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Johnson City
(STATE OR COUNTRY) Tenn. 1

FATHER
13. NAME Frank Ferguson 9
14. BIRTHPLACE (CITY OR TOWN) un known
(STATE OR COUNTRY) un known 9

MOTHER
15. MAIDEN NAME Margaret
16. BIRTHPLACE (CITY OR TOWN) un known
(STATE OR COUNTRY) un known

17. INFORMANT Estella Ferguson
(ADDRESS) R.F.D. Savannah Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hoffman DATE Aug 25 1939

19. FUNERAL DIRECTOR E. C. Breit
(ADDRESS) Savannah Mo.

20. FILED Sep 12 1939 W P Wood
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23 1939

22. I HEREBY CERTIFY, That I attended deceased from august 2, 1939, to august 23, 1939.
I last saw him alive on august 22, 1939. Death is said to have occurred on the date stated above, at 3:09 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	march 1937

92.0

Other contributory causes of importance: none

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Arthur Kelley, M. D.
(Address) Bolckow Mo.

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
Death Cert. Number 1039-1341
Date Rec'd OCT 17 1939

STATEMENT BY LICENSED EMBALMER

I, E. C. Breit, Licensed Embalmer No. 2650

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

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.)