

STANDARD CERTIFICATE OF DEATH

State File No. _____

3601

Registration District No. 15Primary Registration District No. 6070 fi.Registrar's No. 12

1. PLACE OF DEATH:

- (a) County St. Francois
 (b) City or town Bonne Terre
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days3. (a) PRINT FULL NAME HAROLD DEWYET FERGUSON3. (b) If veteran,
name war No3. (c) Social Security
No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married
divorced Married6. (b) Name of husband or wife Laura Ferguson 6. (c) Age of husband or wife if
alive 40 years7. Birth date of deceased Feb. 5 1889
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
50 11 22 hr. min9. Birthplace Renault Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Janitor
11. Industry or business Public Schools.12. Name of MOTHER FATHER Samuel W. Ferguson13. Birthplace Wayne Co. Missouri
(City, town, or county) (State or foreign country)14. Maiden name Cora Hester15. Birthplace Renault Illinois
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Laura Ferguson(b) Address Bonne Terre Mo17. (a) Burial (b) Date thereof Jan 29, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Feather, Mo18. (a) Signature of funeral director Berham, H. Co(b) Address 312 Berham, Bonne Terre19. (a) 1-29-40 (b) M. W. Howkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Francois
 (c) City or town Bonne Terre
 (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th
year 1940 hour 12 minute 50 A. M.21. I hereby certify that I attended the deceased from January
10, 1938, to January 27, 1940;
that I last saw him alive on January 26, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death Valvular heart disease Duration 2 yrs.Due to 92 WDue to _____
Other conditions Cerebral embolism 5 days
(Include pregnancy within 3 months of death)
with right hemiplegiaMajor findings: with right hemiplegia PHYSICIAN _____Of operations _____
Of autopsy _____
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 place)

23. Signature Marvin J. Haur (M. D. Mo.)
Address Bonne Terre, Mo. Date signed 1-28-40

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.....

C. J. Claywell

Licensed Embalmer No. *3706*

P. O. Address *Sumner, Iowa 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, above space should be left blank.