

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

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.

Registration District No. 384

Primary Registration District No. 5335

Registrar's No. _____

FILED MAR 12 1940

1. PLACE OF DEATH:

(a) County Howell
(b) City or town RURAL Howel Township
(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 15 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town RURAL West Plains, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 0 Lanton Route
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Maggie Ferguson 622
8. (b) If veteran, name war _____
8. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 3rd
year 1940 hour 1 minute 15 p. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Geo. A. Ferguson
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 10 1853
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-31-, 1940, to 2-3-, 1940;
that I last saw her alive on 2-2-, 1940;
and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 8 Days 23
If less than one day hr. _____ min. _____

Immediate cause of death Cerebral hemorrhage
Pneumonia
Duration 2-1-40
1-25-40

9. Birthplace Montgomery, Alabama
(City, town, or county) (State or foreign country)
10. Usual occupation None

Due to _____
Due to _____
Other conditions Senility
(Include pregnancy within 5 months of death)

11. Industry or business _____
12. Name Robert Findley
13. Birthplace Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Deborah Hopker
15. Birthplace Scotland
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature M. Ferguson
(b) Address West Plains, Mo.

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? _____

17. (a) Burial (b) Date thereof Feb. 4, 1940
(Burial, cremation, or removal) Oak Lawn Cem. (City or town) (County) (State) (Year)
(c) Place: burial or cremation West Plains, Mo.

18. (a) Signature of funeral director Hal Thomburg
(b) Address West Plains, Mo.

While at work? _____ (Specify type of place)
(c) Means of injury _____

19. (a) 2-4-40 (b) Vida W. SIMONS
(Date received local registrar) (Registrar's signature)

23. Signature E. C. Bohrer (M. D. or other) _____
Address West Plains Date signed 2-6-40

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.....

working under my personal supervision.

Registered Apprentice No.....

RECEIVED

District Health Officer No. 5

Signed.....

District File Number... 340-352

Licensed Embalmer No.....

Date Filed 3-8-40

P. O. Address.....

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.