

FILED APR 22 1940
Registration District No. **5350**

Primary Registration District No. **5350**

Registrar's No. **5**

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

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town "Rural" Grand River Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
12 Miles North East Gallatin, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 10 months
years, months or days) _____

3. (a) PRINT FULL NAME George William Ferguson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lois Ferguson 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased July 11 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 8 0 hr. min.

9. Birthplace Nodaway County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER { 12. Name William B. Ferguson

13. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Lena Kanoble

15. Birthplace Nodaway County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lois Ferguson

(b) Address Jameson, Missouri

17. (a) Burial (b) Date thereof 3-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove No. 2

18. (a) Signature of funeral director Hope Farm + U.S. C.

(b) Address Gallatin, Missouri

19. (a) 3-12-1940 (b) Paul Pugh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town "Rural" Grand River Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. 12 Miles North East Gallatin
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1940 hour 5 minute 15 A. M.

21. I hereby certify that I attended the deceased from 2-15-40, 19____, to 3-10-40, 19____;
that I last saw him alive on 3-10-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Hypostatic pneumonia Duration 2 days
Due to Mitral Stenosis 3 yrs?

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
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 time of place) Means of injury _____
23. Signature Paul Pugh M. D. _____
Address Gallatin Mo Date signed 3/12/40

922

U. M. D. Repeated query -

10-4-40

RECEIVED
District Health Officer No. 11,
District File Number 440-449
Date Filed APR 5 1940

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 L. O. Richerson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.