

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.

FILED

AUG 23 1940

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

26079
Do not use this space.

1. PLACE OF DEATH 2

(a) County Randolph Registration District No. 796

(b) Township Beaure Primary Registration District No. 4440

(c) City Renick (d) Street No. _____ St. _____

(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.

2. PRINT FULL NAME George Washington Ferguson

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5 - 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>87</u>	<u>4</u>	<u>6</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph County - Mo.

FATHER

13. NAME G. N. Ferguson 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa 1

MOTHER

15. MAIDEN NAME Anna Taylor 1

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT Deane G. Ferguson
(ADDRESS) Ladonia - Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Grove, Clark DATE 7-14-1940

19. FUNERAL DIRECTOR (NAME) P. A. HACKNEY
(ADDRESS) 924 W. END P. MOBELY - MO

20. FILED July 15, 1940 W. H. H. H. H. Local Registrar

MEDICAL CERTIFICATE OF DEATH 8:30 A

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1940

22. I HEREBY CERTIFY That I attended deceased from January 1, 1940 to July 8, 1940, 19____.

I last saw h_____ in alive on July 8, 19____. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Voluntary Heart disease Date of onset _____

Insufficiency of age

Other contributory causes of importance: g.g.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____

(Signed) R. G. Woods _____, M. D.
Clark Mrs.
(Address) W. H. H. H. H.

RECEIVED

District Health Officer No. 10

District File Number 8-40-1498

Date Filed AUG 7 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.....

Paul T. Hockney

Licensed Embalmer No.....

3548

P. O. Address.....

924 W. 11th St. Mabel, 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.