

24 10 1940

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State File No. _____

FILED SEP 24 1940

Registration District No. _____

Primary Registration District No. 5816

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Newton
 (b) City or town Grasby rural
 (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 1902 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
 (c) City or town Rural
 (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

3. (a) PRINT FULL NAME James Albert Ferguson

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

4. Sex male 5. Color or race W.
 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 7 1866
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 5 19 hr. min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation Ills

11. Industry or business Farming

12. Name Westwood Ferguson

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

14. Maiden name Elizabeth Neal

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Ferguson

(b) Address Ritchey Mo.

17. (a) _____ (b) Date thereof Newton
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 00 Cemetery Mo.

18. (a) Signature of funeral director Wm. Zornell Jr.

(b) Address Pease City Mo.

19. (a) Aug 26-40 (b) L. R. R. M. D.
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25
 year 1940 hour 5 minute _____ P. M.

21. I hereby certify that I attended the deceased from August 10
 _____, 1940, to August 18, 1940
 that I last saw him alive on August 18, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the stomach Duration 2 yrs.

Due to _____
 Due to _____ 46

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 type of place) (e) Means of injury _____

23. Signature Charles O. Chesto (M. D. or other) MD

Address Grasby Mo. Date signed Aug 27 1940

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

RECEIVED

District Health Officer No. 6,

District File Number 240-2605

Date Filed ~~SEP 16 1940~~ SEP 16 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 me

working under my personal supervision. _____, Registered Apprentice No. _____

Signed W. H. Bassell Jr.

Licensed Embalmer No. 1512

P. O. Address Pierce City

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.