

No. 2
1-10-39
-17-39
X 21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

NOV 20 1940

STANDARD CERTIFICATE OF DEATH

State File No. **35449**

Registration District No. **378**

Primary Registration District No. **4222**

Registrar's No. **75**

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

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Fayette
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lee Hospital, **1**
(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 days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Howard

(c) City or town Fayette,
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
year 1940 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 1, 1940, to Oct 24, 1940,
that I last saw her alive on Oct 24, 1940
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Ida May Ferguson,

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

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

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

7. Birth date of deceased July 24th 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation At home,

11. Industry or business _____

MOTHER FATHER { 12. Name B.F. Ferguson, **1**

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

14. Maiden name Josephine Branham
(City, town, or county) (State or foreign country)

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

18. (a) Informant Marie Berry,

(b) Address 401 Ann st. Columbia, Mo.

17. (a) Burial (b) Date thereof 10-26th 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery,

18. (a) Signature of funeral director Guy T. Halley,
Fayette, Mo.

(b) Address _____

19. (a) Oct 25, 1940 (b) Viola McCorby, dr
(Date received local registrar) (Registrar's signature)

Immediate cause of death General Carcinomatosis Duration 1 mo.

Due to Adeno-Carcinoma left breast 6 mo.

Other conditions Pathologic fracture l. leg.
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: none **50**

Of operations _____

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

23. (a) 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? 991

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

23. Signature Wm J Shaw (M. D. or other) M.D.

Address Fayette Mo. Date signed 10-25-40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-14-77

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.....

Licensed Embalmer No.....

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.