

MAR 14 1941
Registration District No. **248**

Primary Registration District No. **5344**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Davies Co
(b) City or town Rural Liberty Twp
(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 _____
years, months or days)

3. (a) PRINT FULL NAME Charles A 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 Single

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

7. Birth date of deceased June 7 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

MOTHER FATHER

12. Name Joseph Ferguson

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

14. Maiden name Eliza Dameris

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

16. (a) Informant Jess Cooper

(b) Address Pattonsburg Mo

17. (a) Burial (b) Date thereof Feb 23-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pattonsburg Mo

18. (a) Signature of funeral director Jess G. Homer

(b) Address Pattonsburg Mo

19. (a) Feb 22-41 (b) W. L. B. B. B.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Davies 31
(c) City or town Pattonsburg
(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

1941 MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 11 hour _____ minute P. M.

21. I hereby certify that I attended the deceased from Feb 14 1941, to Feb 21 1941, that I last saw him alive on Feb 20 1941 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|--|---|
| <u>Peritonitis</u> | <u>4 days</u> |
| Due to <u>Strangulated Hernia</u> | |
| <u>Rephrele</u> | |
| Due to _____ | |
| Other conditions (Include pregnancy within 3 months of death) <u>W. L. B. B.</u> | |
| Major findings: Of operations _____ | PHYSICIAN Underline the cause to which death should be charged statistically. |
| Of autopsy _____ | |

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? _____

2 25 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Floyd E. Helms (M. D. or other) 2
Address Shallater, Mo Date signed 2-24-41

nelson

L. Reich

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{will be} was embalmed by me, or by.....

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

Signed..... *Ica L. Gromer*.....

Licensed Embalmer No. *3022*.....

P. O. Address..... *Pattonburg 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, fact should be so stated above.