

Registration District No. 1205 Primary Registration District No. 3009 Registrar's No. 218

1. PLACE OF DEATH:
(a) County Cape
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
South East Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether
In this community 13 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cape
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 1022 Broadway St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Arthar Ferguson
3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-24-4127

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 4
year 1941 hour 9 minute 25 P. M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him alive on 5/4 and that death occurred on the date and hour stated above. 1941

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian Hultz 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Jan. 26, 1889
(Month) (Day) (Year)

Immediate cause of death Uremic Coma
Due to Hypertension - Essential
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>4</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace <u>Ida, Mo. Reora</u> (City, town, or county)	<u>146</u> (State or foreign country)
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10. Usual occupation Coal Dealer

11. Industry or business _____
12. Name Joseph Ferguson
13. Birthplace Dunklin, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Jennie Young
15. Birthplace Covington, Ky.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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 _____

16. (a) Informant James Ferguson
(b) Address Chicago, Ill.

17. (a) Burial (b) Date thereof June 7, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lorimier Cem.

18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Mo.

19. (a) 6-4-41 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

23. Signature J. M. Thompson (M. D. or other)
Address Cape Girardeau, Mo. signed

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

16
1
4

16
1
4

MOTHER FATHER

132
JUN 20 1941

JUL 7 1941

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. L. Haman

Licensed Embalmer No. *2863*

P. O. Address *Cape Gir. 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19745-

Registration District No. 125-

Primary Registration District No. 3009

Registrar's No. 218

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John Arthur Ferguson

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

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

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 52 Months 4 Days 8 If less than one day _____ hr _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Uremic Coma Duration _____

Due to Hypertension

Due to Contracted Kidneys
Chr. Nephritis

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 _____ (M. D. or other)

Address _____ Date signed _____

SUPPLEMENTARY

19745