

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23270**
Registrar's No. **5622**

FILED AUG 28 1941 791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days) 0

3. (a) PRINT FULL NAME John W. Ferguson

3. (b) If veteran, No name war. No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 1872 years

7. Birth date of deceased Dec. 1872
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 27 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name John W. Ferguson

13. Birthplace Union, Carter Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name King

15. Birthplace Butler Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Janet Ferguson

(b) Address Williamsville Mo.

17. (a) Removal (b) Date thereof July 16 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Williamsville Mo.

18. (a) Signature of funeral director Blair's Funeral Home

(b) Address Cornville Mo.

19. (a) JUL 8 1941 (b) R. B. B. B.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. R. B. B. B. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1941 hour 11:30 minute P M.

21. I hereby certify that I attended the deceased from June 27 1941 to July 3 1941.
that I last saw him alive on July 3 1941 and that death occurred on the date and hour stated above.
Immediate cause of death Encephaloma Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None obtained

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 Russell G. Criden M. D. (Seal)

Address BARNES HOSPITAL Date signed 7-4-41

5622

5622

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.....

John Ketter

Licensed Embalmer No. 3880

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, fact should be so stated above.