DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 27759

Registration District No. 50 | Primary Registration District No. 3004 | Registrar's No. 55

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:
(a) County: Bates
(b) City or town: Butler
(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 years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Bates
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 10 miles N.E. Amoret Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Berberly Jeanett Ferguson
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: W
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: July (Month) 31 (Day) 1941 (Year)
8. AGE: Years 0 | Months 0 | Days 14 | If less than one day ____ hr. ____ min.
9. Birthplace: Bates Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: None
11. Industry or business: ____
12. FATHER Name: E. Everett Ferguson
13. FATHER Birthplace: Blue Springs (City, town, or county) Mo. (State or foreign country)
14. MOTHER Maiden name: Detha Pearl Gregory
15. MOTHER Birthplace: Bates Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant's own signature: Everett Ferguson
(b) Address: Amoret Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-15-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Vernon
18. (a) Signature of funeral director: [illegible]
(b) Address: Amsterdam Missouri
19. (a) 8/15/41 (Date received local registrar) (b) Nina L Culver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14 year 1941 hour 11 minute 4 M.
21. I hereby certify that I attended the deceased from July 31, 1941 to Aug 14, 1941; that I last saw him alive on July 30, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Congenital Heart disease — Duration
Due to: ____
Due to: ____
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? (Specify type of place)
While at work? ____ (e) Means of injury: ____
23. Signature: [illegible] (M. D. or other)
Address: Butler Mo. Date signed 8-16-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-41-1620
Date Filed 9-9-41

**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 wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**