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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35480

Registration District No. 538

Primary Registration District No. 3028

Registrar's No. 73

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

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Fredericktown, Mo.
(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 Mo. (b) County Madison
(c) City or town 508 Saline St., Fredericktown
(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.? 0 years.

3. (a) PRINT FULL NAME EMMA S. FERGUSON
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 28
year 1941 hour 5 minute 30 A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife S. F. Ferguson
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Sept. 12 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. - 1920
until death, 1941, to Oct 28, 1941;
that I last saw her alive on Oct 28, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
75 1 16 hr. _____ min.

Immediate cause of death = Heart just failed gradually with no leak
Due to Had a long standing Gaiter
Due to just 1 in low before death
to dependent

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

Other conditions (Include pregnancy within 3 months of death)
Major findings: none 930

10. Usual occupation Housewife

Of operations _____
Of autopsy none

11. Industry or business
12. Name Andrew Froysher
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Ferguson
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant S. F. Ferguson
(b) Address Fredericktown, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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?

17. (a) Burial (b) Date thereof Oct 30, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fredericktown, Mo.

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

18. (a) Signature of funeral director Stanley H. Aixon
(b) Address Fredericktown, Mo.

23. Signature M. B. Barber (M.D. or other) _____
Address Fredericktown, Mo. Date signed 10/29/41

19. (a) Oct 29 1941 (b) S. C. S. Baugh
(Date received by registrar) (Registrar's signature)

Address _____ Date signed _____

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

Stanley A. Dixon

Licensed Embalmer No.

4193

P. O. Address

Fredericktown, 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.