

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10737**

FILED APR 24 1942

Registration District No. **389**

Primary Registration District No. **5-4-3-2 4188**

Registrar's No. **37**

1. PLACE OF DEATH:

(a) County **Gentry**
 (b) City or town **King City Mo.**
 (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 **All life.**
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **Overton Barnes Ferguson.**

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

4. Sex **Male.** 5. Color or race **Cau.** 6. (a) Single, widowed, married, divorced, **widowed.**

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

7. Birth date of deceased **Aug. 19. 1870.**
 (Month) (Day) (Year)

8. AGE: Years **71** Months **7** Days **23**
 If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farmer.**

11. Industry or business **Same.**

12. Name **William Ferguson**

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

14. Maiden name **Fannie Clark.**

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

16. (a) Informant **Leroy Ferguson.**

(b) Address **King City Mo. R.R.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3. 17. 1942.**
 (Month) (Day) (Year)
 (c) Place: burial or cremation **King City Mo.**

18. (a) Signature of funeral director **R. P. Taggart.**

(b) Address **King City Mo.**

19. (a) **March 20-1942** (Date received local registrar) (b) **Harold M. Webster** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** 12
 1942, 6 day, 30 P.M.
 year hour minute

21. I hereby certify that I attended the deceased from **March 12**, 1942, to **March 12**, 1942.
 that I last saw him alive on **Mar 12**, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Hemorrhage.**
 Duration **Short.**

Due to **Don't know.**

Due to _____

Other conditions **misadventure for several weeks.**
 (Include pregnancy within 3 months of death)

Major findings: Of operations **None.**

Of autopsy **None.**

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 **Mark H. Roads** (M. D. or other) **0**
 Address **King City Mo.** Date signed **3/16/42**

1108 Louise M. Webster - Deputy Registrar (Licensed Emballer's Statement on Reverse Side)

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

26390

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 *R. G. Taggart*.....

Licensed Embalmer No. *25-63*.....

P. O. Address *King City Mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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