U. S. No. 2
M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1942

Registration District No. 8 95

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6162

State File No. 15835

Registrar's No. 617

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

1. PLACE OF DEATH:

(a) County: Vernon

(b) City or town: Nevada Wrahsanton Tp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community: 3 months 11 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lawrence

(c) City or town: Marionville (If outside city or town limits, write "RURAL")

(d) Street No.: Methodist Home for Aged (If rural, give location)

(e) Citizen of foreign country? U. S. A. (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME: SCYTHIA - WIGHT.

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: female

5. Color or race: white

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: Robert Ferguson

6. (c) Age of husband or wife if alive, deceased: ____ years

7. Birth date of deceased: March (Month) 25 (Day) 1871 (Year)

8. AGE: Years 71 Months no Days 17 If less than one day — hr. — min.

9. Birthplace: Nelson County (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation: housewife

11. Industry or business: none

FATHER
12. Name: Robert Ferguson
13. Birthplace: unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name: Frances Humphrey
15. Birthplace: Nelson County (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Records State Hosp No 3
(b) Address: Nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 12, 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn, Springfield Mo.

18. (a) Signature of funeral director: J. B. Bradford
(b) Address: Marionville Mo.

19. (a) 4-14-42 (Date received local registrar) (b) Grady Alverson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1942 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Dec 31 1941 to April 11 1942 that I last saw her alive on April 11 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Chronic Atrophic Arthritis, Senile Dementia - Paranoid type	

Major findings:
Of operations: none
Of autopsy: none

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

93b

22. If death was due to external causes, fill in the following: No.
(a) Accident, suicide, or homicide (specify): no
(b) Date of occurrence: no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)
While at work? no (e) Means of injury: no

23. Signature: Paul L. Barone (M. D. ~~or other~~)
Address: State Hosp No 3 Date signed: April 11, 1942

1232 (Licensed Embalmer's Statement on Reverse Side) Nevada Mo.

RECEIVED
District Health Officer No. 7,
District File Number S-42-514
Date Filed 5-18-42

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 Herman M Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.