

S. No. 2
 M-1-4-41
 v. 5-17-39
 P-1 X25390

25534

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 10 1942 31171

Registration District No. _____

Primary Registration District No. 6142

Registrar's No. 19

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

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1. PLACE OF DEATH:
 (a) County Texas Jackson Twp
 (b) City or town Raymondville
 (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 _____
 In this community _____
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Texas
 (c) City or town Raymondville
 (d) Street No. _____
 (e) Citizen of foreign country? _____
 If yes, name country _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 24
 year 1942 hour 11 30 minute P. M.
 21. I hereby certify that I attended the deceased from 8-15 1939 to June 24 1942
 that I last saw ER alive on June 24 1942
 and that death occurred on the date and hour stated above.

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

Immediate cause of death acute heart failure
 Due to hypertensive cardio-renal vascular disease
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

6. (b) Name of husband or wife Walter Ferguson
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 1 1874
 (Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 23
 If less than one day _____ hr. _____ min.

9. Birthplace Ind.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Joshua Wahr
 13. Birthplace Ind.
 (City, town, or county) (State or foreign country)

{ 14. Maiden name Martha Buggeman
 15. Birthplace Ind.
 (City, town, or county) (State or foreign country)

16. (a) Informant S. E. Ferguson
 (b) Address Raymondville Mo

17. (a) Burial (b) Date of removal June 29 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Allens Cemetery Houston Mo

18. (a) Signature of funeral director Gaylord W. Elliott
 (b) Address _____

19. (a) 7-1-42 (b) Miss Ella Duff
 (Date received local registrar) (Registrar's signature)

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 L. M. Williams (M.D. or other) H.D.
 Address Houston Mo Date signed 6-27

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

RECEIVED

District Health Officer No. 5,

District File Number 742492

Date Filed _____

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

Frank E. Hood

Licensed Embalmer No.

4026

P. O. Address

Houston, 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.