

FILED DEC 7 1942

Primary Registration District No. 5986

Registrar's No. 114

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

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Hawkeye, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

(c) City or town Hawkeye, Mo.
(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 Fredrick Phillip Ferguson

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Effie May Ferguson

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Oct. 24 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 0 3 hr. min.

9. Birthplace Miller County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

MOTHER FATHER

12. Name John Ferguson

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

14. Maiden name Dorcas Shelton

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

16. (a) Informant Perry Ferguson

(b) Address Crocker, Mo.

17. (a) Burial (b) Date thereof Oct. 31, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MMA Madden Cem.

18. (a) Signature of funeral director J. L. Hoops & Sons.

(b) Address Crocker, Mo.

19. (a) 11-10-42 (b) Chas. M. Dodd
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27 year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from Oct. 24 to Oct. 27, 1942

that I last saw him alive on Oct. 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Refused Suction

Due to Chronic Gastric ulcer

Due to Chronic Gastric ulcer

Other conditions 1170
(Include pregnancy within 3 months of death)

Major findings: none

Of operations.....

Of autopsy none made

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) no

(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) (Means of injury)

23. Signature C. Mallett (M. D. or other)
Address Crocker, Mo. Date signed 11-9-42

JAN 5 1943

RECEIVED

Pulaski County Health Officer

File Number 12-42-262

Date Filed 12-4-42

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 Paul B. Hoops

Licensed Embalmer No. 3261

P. O. Address Waynesville, N.C.

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.