

FILED JAN - 5 1943 -
Registration District No. 943

Primary Registration District No. 4441

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Clifton Hill
(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

3. (a) PRINT FULL NAME Georgie Ann Ferguson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 14 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>8</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace Huntsville Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Dont know
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Willie Nichols
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Opal Herlan
(b) Address Clifton Hill Mo
17. (a) burial (b) Date thereof 11/23/1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clifton Hill

18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntsville Mo
19. (a) Dec 11 1942 (b) Mrs. P. O. Dreyer
(Date registered) (Local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Clifton Hill
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21
year 1942 hour 8:35 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from Nov. 14
1942 to 11-21 1942
that I last saw h. E.R. alive on 11-21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL THROMBOSIS
Due to 836
Due to _____
Other conditions HYPERTENSION
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 2
23. Signature J. G. Most & Sons (M.D. or other) P.O.
Address Clifton Hill Mo Date signed 11-21-42

Duration 3 wks.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District No. 1-43-4805

Date Filed Jan 4 1942

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.....

Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address.....

Huntville

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41683
Registrar's No. 73

Registration District No. 295 Primary Registration District No. 4441

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Chipton Hill
(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 _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Georgia G. Ferguson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH, Month Nov day 19 year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

MEDICAL CERTIFICATION

4. Sex 2 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Winston Ferguson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 14 (Month) (Day) (Year)

Immediate cause of death cerebral thrombosis sub Duration _____

8. AGE: Years 92 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Ms. Philip O'Keefe (Registrar's signature)
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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)

(b) 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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

JUL 8 - 1943