S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED MAY 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13706

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 401

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 1514 South 6th St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether

In this community 32 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 1514 South 6th St (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George F. 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 widower

6. (b) Name of husband or wife Emma

6. (c) Age of husband or wife if alive 1872 years

7. Birth date of deceased September (Month) 2 (Day) 1872 (Year)

8. AGE: Years 70 Months 7 Days 7 If less than one day hr. min.

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

10. Usual occupation Mo Iron & Metal Products

11. Industry or business

FATHER
12. Name Joseph Ferguson 170C
13. Birthplace unknown 921 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Angeline Maynard
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Roy B. Ferguson

(b) Address 1514 South 6th St, St Joseph, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Auburn Cemetery

18. (a) Signature of funeral director Tracy Barry Funeral Home

(b) Address 218 South 10th St, St. Joseph, Mo.

19. (a) 4-12-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th year 1943 hour 7 minute 45 A.M.

21. I hereby certify that I ~~attended~~ visited the deceased ~~from~~ on April 9th, 1943, to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Multiple skull fracture with loss of brain substance 1 day

Due to multiple ribs fractures with crushing amputation of right

Due to leg 4 inches below the knee compound fracture of left leg

Other conditions (Include pregnancy within 3 months of death) four inches below knee

Man was struck by an automobile and totally injured on South 6th street

Major findings: Of operation

Of autopsy No: New maple st. St Joseph Mo (Pedestrian)

Duration

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) Accident 131

(b) Date of occurrence April 9th 1943

(c) Where did injury occur? St Joseph (City or town) Buch (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? South 6th St. in the 2100 block (Specify type of place)

While at work? No (e) Means of injury Automobile

23. Signature H F Mundy (M. D. or other) Coroner

Address 404 So 3d St Date signed 4/10/43

1233

(Licensed Embalmer's Statement on Reverse Side)

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 Lou Clark

Licensed Embalmer No. 4216

P. O. Address St Joseph.

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.