V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18652

FILED MAY 20 1943

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 138

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

1. PLACE OF DEATH:
(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 612 W. 5th ST. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PETTIS
(c) City or town SEDALIA 80
(If outside city or town limits, write "RURAL")
(d) Street No. 612 W. FIFTH 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 4
If yes, name country 0

3. (a) PRINT FULL NAME LAURA BELLE FERGUSON

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex F. 1 | 5. Color or race W | 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife ROBERT E. 6. (c) Age of husband or wife if alive 95 years

7. Birth date of deceased 8 (Month) 20 (Day) 1865 (Year)

8. AGE: Years 77 | Months 7 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace SHELBYVILLE (City, town, or county) INDIANA 1 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business .....

FATHER
12. Name SIRAS GOODRICH
13. Birthplace 7 (City, town, or county) INDIANA 1 (State or foreign country)

MOTHER
14. Maiden name ISABELLE MONTGOMERY
15. Birthplace SHELBYVILLE (City, town, or county) INDIANA 1 (State or foreign country)

16. (a) Informant ROBERT E. FERGUSON
(b) Address SEDALIA, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-21-1943 (Month) (Day) (Year)
(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director Gillespie's
(b) Address Sedalia Mo.

19. (a) 4/20/43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 19th
year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Apr. 19, 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 Found dead in bed Evidently some Organic heart trouble as
Due to Coronary Occlusion
Due to .....
Other conditions 94a
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations ✓
Of autopsy ✓

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) —
(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?
(Specify type of place)
While at work? ✓ (e) Means of injury —

23. Signature W. T. Bishop Coroner (M. D. or other) 3
Address Sedalia Mo. Date signed 4-19-43

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 5-19-43

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 L. E. Boulchin

Licensed Embalmer No. 3867

P. O. Address Sedalia 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.