

S. No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20737

FILED JUL 2 1943

State File No.

Registration District No.

Primary Registration District No. 4024

Registrar's No. 34

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

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Cassville
(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 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Cassville
(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 2

3. (a) PRINT FULL NAME Samuel Grant Ferguson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel L 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May 15 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 79 0 23 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Vincent Ferguson
13. Birthplace Unknown Penn (City, town, or county) (State or foreign country)

14. Maiden name Mary Fougal
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. G. Ferguson
(b) Address Cassville, Missouri

17. (a) Removal (b) Date thereof 6/9/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Delta, Iowa

18. (a) Signature of funeral director W. D. Koon
(b) Address Cassville, Missouri

19. (a) June 9-43 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1943 hour 1:00 minute 00 P. M.

21. I hereby certify that I attended the deceased from 1942 1942
to June 6 1943
that I last saw him alive on June 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

Due to

Due to

Other conditions 1318
(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?

(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 0
23. Signature Herbert A. Salzer (M. D. or other) 6/9/43
Address Cassville, Mo. Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 643-753

Date Filed JUN 29 1943

RECEIVED
District Health Officer No. 6,
District File Number
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

Wm C. Raou

Registered Apprentice No.

378

working under my personal supervision.

Signed

John E. Myers

Licensed Embalmer No.

3770

P. O. Address

Cassville, 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.