

LED AUG 9 1943

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 586

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:
Elmvar Apartments
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene

(c) City or town Springfield,
(If outside city or town limits, write "RURAL")

(d) Street No. Elmvar Apartments
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ernest Nimrod Ferguson

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Margaret Ferguson

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

7. Birth date of deceased June 23, 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER { 12. Name John R. Ferguson

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

14. Maiden name Virginia Smith

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

16. (a) Informant Mrs. Margaret Ferguson

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof July 23, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 7-23-43 (b) S. W. S. Haudley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st,
year 1943 hour 7:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 31,
1937, to July 12, 1943;
that I last saw him alive on July 12, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary thrombosis

Due to Chronic Myocarditis

Other conditions Pneumonia, Chronic
(Include pregnancy within 3 months of death)

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? _____

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature L. H. Kumburg (M. D. or other) _____
Address Springfield, Mo Date signed 7/23/43

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.....

Lewis G Scharff

Licensed Embalmer No.....

3802

P. O. Address.....

Springfield, M. S.
T

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.