

No. 2
-5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
NOV 10 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38703

State File No.

Registration District No. 215

Primary Registration District No. 4327

Registrar's No.

1. PLACE OF DEATH:

(a) County Miller

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller 66

(c) City or town Iberia
(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 0

3. (a) PRINT FULL NAME ELWA MARGARET FERGUSON

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Female 5. Color or race white

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

6. (b) Name of husband or wife Harry S. Ferguson

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Nov. 6 - 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>0</u>	<u>5</u>	hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER

12. Name Louis J. Skaggs

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

14. Maiden name Carrie M. Pinnell

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

16. (a) Informant Harry S. Ferguson

(b) Address Iberia, Mo.

17. (a) Burial (b) Date thereof 11-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iberia, Mo.

18. (a) Signature of funeral director G. L. Basey

(b) Address Iberia, Mo.

19. (a) Nov. 12-43 (b) Jessie Perkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1943 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from July 3
1942 to Nov. 11, 1942;
that I last saw her alive on Nov. 11, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of the uterus

Duration 6 Months

Due to

Due to

Other conditions (include pregnancy within 3 months of death) H&F

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) (g) Means of injury

23. Signature Wm. O. Gould (M. D. or other) DO
Iberia, Mo. Date signed 11/15/43

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

NOV 24 1948

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

C. H. Casey

Licensed Embalmer No.

2694

P. O. Address

Berlin - MD.

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.