

FILED JAN 13 1944

Registration District No. 277

Primary Registration District No. 4378

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

1. PLACE OF DEATH:

(a) County MISSISSIPPI
(b) City or town BERTRAND
(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 _____ (Specify whether)
In this community 30 YRS. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI
(c) City or town BERTRAND
(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 _____

3. (a) PRINT FULL NAME JAMES GARFIELD FERGUSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-12-4813

4. Sex M 5. Color or CRACK WHITE
6. (a) Single, widowed, married, divorced, MARRIED
6. (b) Name of husband or wife MATTIE B. FERGUSON
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased MAY 11 - 1982
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 7 9 hr. min.

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

10. Usual occupation GENERAL LABORER

11. Industry or business _____

MOTHER FATHER { 12. Name JAMES FERGUSON
13. Birthplace N.K. TENN.
(City, town, or county) (State or foreign country)
14. Maiden name BELLE HUTTON
15. Birthplace N.K. KY.
(City, town, or county) (State or foreign country)

16. (a) Informant MATTIE B. FERGUSON
(b) Address BERTRAND MO.

17. (a) BURIAL (b) Date thereof 12-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ARMER CEMETERY BERTRAND MO.

18. (a) Signature of funeral director John T. [Signature]
(b) Address Charleston Mo.

19. (a) Jan 11/44 (b) Mrs. Lou Maeder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 20
year 1943 hour 3 minute P.M.

21. I hereby certify that I attended the deceased ~~from~~ DEC. 20 1943 to _____ 19____;
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____
Due to _____

Other conditions (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? _____ (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) (e) Means of injury _____

23. Signature C. C. Fresnell (M. D. or other) M.D.
Address Charleston, Mo. Date signed 12-27-43

RECEIVED

District Health Office No. 2,

District File Number 144-76

Date Filed 1-10-44

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 John F. Funnell Jr

Licensed Embalmer No. 3851

P. O. Address Charleston 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.