

FILED FEB 25 1944

Registration District No. 28

Primary Registration District No. 4173

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava Benton
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
(c) City or town Ava 0
(If outside city or town limits, write "RURAL")
(d) Street No. Benton Sup 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Dr. John D. Ferguson

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
(b) Name of husband or wife Cora E. Jenkins Ferguson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 17 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Mt. Home, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business _____

12. Name John C. Ferguson
13. Birthplace Unknown Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Mary Anna Farmer
15. Birthplace Unknown Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Russell Ferguson
(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 2-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) Feb 3-44 (b) Miss J. R. Spurlock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30
year 1944 hour 1 minute 1 M.

21. I hereby certify that I attended the deceased from Dec 30 1944 to _____ 19____
that I last saw him alive on Jan 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease
Due to Hypertension
Due to arterio sclerosis

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 94a
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? _____ (c) Means of injury 1
23. Signature R. M. Norman (M. D. or other) _____
Address Ava, Mo Date signed Feb 2/44

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

MOTHER FATHER

1056

RECEIVED

FEB 25 1944

District Health Officer No. 6,

District File Number 244-262

Date Filed FEB 21 1944

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 W. B. Hutchison
Licensed Embalmer No. 3431
P. O. Address Oran 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.