

FILED APR 11 1944

Registration District No. 77

Primary Registration District No. 3008

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

1. PLACE OF DEATH: Callaway
 (a) County Callaway
 (b) City or town Fulton
 (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)

3. (a) PRINT FULL NAME Harold E. Ferguson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Month) (Day) (Year)

7. Birth date of deceased Nov 19 1943
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>—</u>	<u>3</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Chas. S. Ferguson
 13. Birthplace Missouri
 14. Maiden name Rosa Lee Britt
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Rosa Lee Britt
 (b) Address 817 Westminter Fulton Mo

17. (a) Burial (b) Date thereof Mar 4 - 44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paris Park, Can. Call. Co. Mo.

18. (a) Signature of funeral director Eli Bell
 (b) Address Fulton Mo

19. (a) 3-4-44 (b) Joseph M. ...
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway
 (c) City or town Fulton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 817 Westminter
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 3rd
 year 1944 hour 4 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan - 1
 1944, to March 3rd, 1944
 that I last saw him alive on March 3rd, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
Myocarditis
Septicemia
Lobar pneumonia

Due to _____
 Due to _____
 Other conditions (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 _____
 Where did injury occur? _____ (City or town) (County) (State)
 (c) 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 D. Richardson (M. D. or other)
 Address Fulton Mo Date signed 3/4/44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-10-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.