DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Musick 10975

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 261

39

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: 232 S. Dollison (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 46 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 2
(c) City or town Springfield (If outside city or town limits, write "RURAL") 6
(d) Street No. 232 S. Dollison (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emma Ferguson
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles Ferguson
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased December (Month) 25 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
72	2	26	hr. min.

9. Birthplace Unk. (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Home
11. Industry or business
MOTHER FATHER
12. Name Hiram Haines
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Ollie House
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Crocker, Mo.
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 3-22-44 (Date received local registrar) (b) O. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1944 hour 3 minute 20 a. M.
21. I hereby certify that I attended the deceased from 3,20,1944, 19..., to 3,21,44, 19...; that I last saw her alive on 3,20,44, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer, Uterine	
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
(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? (e) Means of injury 0
23. Signature J. D. Musick (M. D. or other)
Address Springfield, Mo. Date signed 3,21,44

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

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(Licensed Embalmer's Statement on Reverse Side)

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 L Doolin Inman

Licensed Embalmer No. 3177

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.