

Registration District No. 128 Primary Registration District No. 2000

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: Spfd. Bapst. Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether)
In this community 2 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2006 Benton
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Barbara Sue Fergus

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 Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased January 29, 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 2 12 hr. min.

9. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name William D. Fergus
13. Birthplace Christian County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Iva Marie Dodson
15. Birthplace Lawrence County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William D. Fergus
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof April 13, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hopedale Cemetery

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 4-13-44 (b) H. W. Standby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1944 hour 10 minute 50 P.M.

21. I hereby certify that I attended the deceased from 4-11
1944 to 4-11 1944
that I last saw her alive on 4-11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Duration 1 wk.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

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 _____

23. Signature Herbert Busick (M. D. or Other)
Address Springfield Mo Date signed 4/13/44

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

39
2
6

984

W

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.

This body not embalmed.