

FILED AUG 8 1944

Registration District No. 139

Primary Registration District No. 4225

Registrar's No. 50

24792

1. PLACE OF DEATH:

(a) County Holt  
(b) City or town Oregon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 64 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44  
(c) City or town Oregon 0  
(If outside city or town limits, write "RURAL") 0  
(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 Andrew Jacob Ferguson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Cora Belle Ferguson 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased April 5 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 3 18 hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas Andrew Ferguson  
13. Birthplace Ireland (City, town, or county) (State or foreign country)  
14. Maiden name Ellen Gotcher  
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. J. Ferguson  
(b) Address Oregon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-44 (Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director Howard E. Colburn

(b) Address Forest City Mo.

19. (a) 7-26-44 (Date received local registrar) (b) Pauline Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1944 hour 9 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from June 23, 1944, to July 23, 1944; that I last saw him alive on July 17, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death SARCOMA, METASTATIC STOMACH - LIVER + RELATED ORGANS

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 Howard E. Colburn (M. D. or other) DO.  
Address Forest City Mo. Date signed July 23, 44

Duration 4 mo.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

*Handwritten signature/initials*

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

4400

118J

**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 *A. H. Crawford*  
Licensed Embalmer No. 1824  
P. O. Address Mount City, 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.**