

FILED JAN 15 1945

Registration District No. **27**

Primary Registration District No. **3005**

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

1. PLACE OF DEATH:  
(a) County **Bates**  
(b) City or town **Butler**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Butler Memorial Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **30 Days**  
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME **Lillie May Ferguson**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **James E. Ferguson** 6. (c) Age of husband or wife if alive **62** years  
7. Birth date of deceased **Sept. 22 1890**  
(Month) (Day) (Year)

8. AGE: Years **54** Months **2** Days **14**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Housewife**

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

MOTHER FATHER { 12. Name **Alec Slane**  
13. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Not Known**  
15. Birthplace **Not Known**  
(City, town, or county) (State or foreign country)

16. (a) Informant **James E. Ferguson**  
(b) Address **Amoret Mo.**

17. (a) **Burial** (b) Date thereof **12-8-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crescent Hill Cem.**

18. (a) Signature of funeral director **Creath & Co**

(b) Address **Adrian Mo**

19. (a) **12-8-44** (b) **Pauline Cumpston**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **6**  
year **1944** hour **1** minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from **June 7** 19**43** to **Dec 6** 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to **Diabetes Mellitus**  
**the Arteriosclerosis**  
Due to **Diabetes Mellitus**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations **61**  
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? \_\_\_\_\_

23. Signature **Dr. W. L. Luter** (M. D. or other) **MD**  
Address **Butler, Mo** Date signed **12/7/44**

RECEIVED  
District Health Officer No. 7  
District File Number 12-49-1526  
Date Filed 1-12-45

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 and

Fred J. Leveath 3343, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 3650

P.O. Address Adrian 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.