S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17657

Registration District No. 243 Primary Registration District No. 4-3164 Registrar's No. 11

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Stella Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cardwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks (Specify whether years, months or days)
In this community ~~2 wks~~ L. Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Pierce City Mo. Rural
(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 William Warner Ferguson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Almeda Ferguson
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Sept. 22 1857 (Month) (Day) (Year)
8. AGE: Years 87 Months 6 Days 16 If less than one day hr. min.
9. Birthplace Purdy (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER 12. Name Unknown
FATHER 13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Clarence Brown
(b) Address Pierce City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-45 (Month) (Day) (Year)
(c) Place: burial or cremation Berwick Presbyterian Cem.
18. (a) Signature of funeral director Drawyers
(b) Address Pierce City Mo.
19. (a) April 21-45 (Date received local registrar) (b) Lulu Norwood (Registrar's signature)
1317 Mona Beck (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th year 1945 hour 4 minute P. M.
21. I hereby certify that I attended the deceased from March 28th, 1945, to April 8th, 1945; that I last saw him alive on April 8th, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Burgher's Disease	4 wks
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
23. Signature C. Cardwell (M. D. or other)
Address Stella Mo. Date signed 4-10-45

FEB 25 1953

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 me

..... Registered Apprentice No. .....,

working under my personal supervision.

RECEIVED MAY 14 1945

District Health Officer No. .....

District File Number 445-70

Date Filed MAY 14 1945

Signed Victor A. Meemeyer

Licensed Embalmer No. 3822

P. O. Address Pierce 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.

2B
45
3880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17657

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 11

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Stella
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cardwell Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton

(c) City or town Pierce City
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Wm W. Ferguson

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Almeta

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Sept (Month) 22 (Day) 83 (Year)

8. AGE: Years 87 Months 6 Days 12 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farming

11. Industry or business .....

FATHER
12. Name .....
13. Birthplace Ark (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant Dewage Brown

(b) Address Pierce City Mo.

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof 4-10-45 (Month) (Day) (Year)

(c) Place: burial or cremation Berevich Presbyterian Cem

18. (a) Signature of funeral director Niemeyer

(b) Address Pierce City, Mo.

19. (a) 7-5-45 (Date received local registrar) (b) Alpha L. Hale Dyer (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 8
year 1945 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Burghers Disease

Due to .....

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

Duration
4 wk

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 C Cardwell (M. D. or other) M.O.

Address Stella, Mo Date signed .....

17657