

FILED MAY 16 1945
Registration District No. 374045

Primary Registration District No. 4547

Registrar's No. _____

1. PLACE OF DEATH:

(a) County North Missouri

(b) City or town Grant City Mo
(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) Home

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community most of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County North

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

(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 Rosie Elta Ferguson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1945 hour 1:30 PM minute _____ M.

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married divorced married

6. (b) Name of husband or wife William Ellsworth Ferguson 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Oct 17 1867
(Month) (Day) (Year)

Immediate cause of death _____

Due to Myocarditis

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

8. AGE: Years 77 Months 6 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace St Charles Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business House Wife

12. Name J W Lawrence

13. Birthplace Unknown Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Viner

15. Birthplace Clinton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Ellsworth Ferguson

(b) Address Grant City Mo

17. (a) Burial (b) Date thereof April 20 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City Cemetery

18. (a) Signature of funeral director John Andrews Jr

(b) Address Grant City Missouri

19. (a) Apr 20 1945 (b) Wayne Pritchard
(Date received local registrar) (Registrar's signature)

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? _____ (c) Means of injury _____

23. Signature Bentley Neal (M. D. or other) _____
Address Grant City Date signed 4/19/45

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

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RECEIVED
District Health Officer No. 11
District File Number
Date Filed

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

John Andrews Jr, Registered Apprentice No. _____
working under my personal supervision.

Signed *John Andrews Jr*
Licensed Embalmer No. *4211*
P. O. Address *Grant 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.