

FILED AUG 2 1945

Registration District No. 1

Primary Registration District No. 4022

Registrar's No. 39

1. PLACE OF DEATH:

(a) County... Barry  
(b) City or town... Butterfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MO. (b) County... BARRY 5  
(c) City or town... BUTTERFIELD 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? no 0 (Yes or No)  
If yes, name country...

3. (a) PRINT FULL NAME Laurie London

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married; divorced W 2

6. (b) Name of husband or wife James S. London 6. (c) Age of husband or wife if alive... years

7. Birth date of deceased April 10, 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 2 0 hr. min.

9. Birthplace Barry Co. Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name William Ferguson  
13. Birthplace Ala. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Ballis  
15. Birthplace Ala. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Lona Dingler  
(b) Address Cassville, Mo.

17. (a) burial (b) Date thereof 6/13/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cem

18. (a) Signature of funeral director: W. D. Koon

(b) Address Cassville, Mo.

19. (a) June 15-1945 (b) grace williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10  
year 1945 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 10 1945 to June 10 1945  
that I last saw her alive on June 10 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to Insistent death

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 94W  
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?

While at work? (Specify type of place) (c) Means of injury 20

23. Signature J. D. Baldwin (M. D. or other) 6-13-45  
Address J. Purdy Mo. Date signed

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

1077

RECEIVED

District Health Officer No. 6,

District File Number 745-840

Date Filed JUL 31 1945

**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. 3453

P. O. Address CASSVILLE, 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.**