No. 2
—8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30341

Registration District No. 70 Primary Registration District No. 5276 Registrar's No. 82

1. PLACE OF DEATH:

(a) County Clark

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

(c) Name of hospital or institution 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 9 yrs. - life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark 23

(c) City or town Luray 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Donald E. 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 single

6. (b) Name of husband or wife

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

7. Birth date of deceased June 14 - 1936
(Month) (Day) (Year)

8. AGE: Years 9 Months 3 Days 9 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Loren D Ferguson
13. Birthplace Promise City Iowa
(City, town, or county) (State or foreign country)

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

16. (a) Informant Loren D. Ferguson
(b) Address Luray Mo.

17. (a) Burial (b) Date thereof Sept 26-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis Ce

18. (a) Signature of funeral director Gutting Cond.
(b) Address Kahoka Mo.

19. (a) 1/3-45 (b) J R Bridges
(Date received local registrar) (Registrar's signature)

1416

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23
year 1945 hour 2 minute P 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 drowning!

Due to accident

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 23

(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 Perry S. Borton Coroner (M. D. or other)

Address Kahoka, Mo. Date signed 9-24-45

(Licensed Embalmer's Statement on Reverse Side)

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 Otis L. Gutting

Licensed Embalmer No. 2965T

P. O. Address Lewiston Me.

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.

S. No. 2B
4—8-21-41
I X29289

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. Oct

Registration District No. 70 Primary Registration District No. 5276 Registrar's No. 82

1. PLACE OF DEATH:

(a) County: Clark

(b) City or town: Rural Folker Twp.
(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)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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: Donald E. 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: S

6. (b) Name of husband or wife

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

7. Birth date of deceased: June 14 1936 (Month) (Day) (Year)

8. AGE: Years 9 Months 3 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 23 year 1945 hour 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.

Immediate cause of death — Duration

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) accident

(b) Date of occurrence Sept. 23, 1945

(c) Where did injury occur? Folker Twp. Clark Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? in a pond on a farm (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed 9-26-45

SUPPLEMENTARY

1933
19

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

30341