

FILED APR 11 1946

Registration District No. 376

Primary Registration District No. 6075

Registrar's No. 88

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 42
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 mos. 2 das.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 94
(c) City or town Bertrand
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME MATTIE B. FERGUSON

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

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

7. Birth date of deceased February 13, 1879
(Month) (Day) (Year)

8. AGE: Years 67 Months 02 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Marshall County, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Rudd

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

14. Maiden name Dora Finney

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 3-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bertrand, Missouri

18. (a) Signature of funeral director Nunnelee Funeral Home

(b) Address Charleston, Missouri

19. (a) 3/15/46 (b) Cether Rudloff
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month March day 8
year 1946 hour 10 minute 25 A. M.

21. I hereby certify that I attended the deceased from June 6, 1945, 19____, to March 8, 1946, 19____;
that I last saw her alive on March 8, 1946, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis - 1 yr
Duration _____

Due to _____
Due to _____

Other conditions: Psychosis with cerebral arteriosclerosis - 2 yrs
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____
Of autopsy No autopsy 938

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 on or about home, on farm, in industrial place, in public place? _____

(Specify type of place) While at work? _____ (e) Means of injury 0
23. Signature James H. Docter (M. D. or other) _____
Address Farmington Date signed 3/8/46

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 4
District File Number 446-1985
Date Filed 4-9-46

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 Burl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.