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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16272  
Registrar's No. 51

FILED JUN 13 1946  
Registration District No. 28

Primary Registration District No. 4194

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

1. PLACE OF DEATH:  
(a) County County Albany  
(b) City or town Albany  
(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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County County Albany 38  
(c) City or town Albany 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Jane Ferguson  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 6  
year 1946 hour 7 minute 10 P. M.  
21. I hereby certify that I attended the deceased from Jan 1 1946 to May 7 1946  
that I last saw her alive on May 7 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

4. Sex F 5. Color or race W.  
6. (a) Single, widowed, married, divorced wid 2  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 2 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
8 8 9 4 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name James B. Hunter  
13. Birthplace Yorktown Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Mary J. Benton  
15. Birthplace Madison Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bell Lemley  
(b) Address Albany Mo

17. (a) Burial (b) Date thereof May 8-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cape Girardeau

18. (a) Signature of funeral director Jeffrey B. Bink  
(b) Address Albany Mo

19. (a) May 10-1946 (b) James M. Webster  
(Date received local registrar) (Registrar's signature)

Due to arteriosclerosis 3 month.  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations AM  
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) (e) Means of injury 0  
23. Signature J. M. Barger (M. D. or other) \_\_\_\_\_  
Address Albany Date signed 5-8-46

APR 8 1949

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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.

Signed Clifford B. Smith

Licensed Embalmer No. 3329

P. O. Address Albany 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.