

S. No. 2
OM-2.43
v. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24505
Registrar's No. 19

FILED AUG 14 1946

Registration District No. 296

Primary Registration District No. 5879

1. PLACE OF DEATH:

(a) County Osage Township, Benton
(b) City or town Chambers Rural
(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 home
(Specify whether)

In this community 86 years
years, months or days

3. (a) PRINT FULL NAME Legus Findlay

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

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

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive Widowed years

7. Birth date of deceased Feb 28 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>5</u>	<u>3</u>	<u>3 hr. 30 min.</u>

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

10. Usual occupation Retired

11. Industry or business ---

12. Name David Ferguson

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

14. Maiden name Jane Ferguson

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

16. (a) Informant John D. Findlay
(b) Address Escondido, Mo

17. (a) Burial (b) Date thereof 8-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Center Chambers Mo

18. (a) Signature of funeral director Otto T. Stricksich
(b) Address Chambers Mo
19. (a) 8-3-46 (b) E. Esther Souder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76
(c) City or town Chambers, Mo Rural 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? --- (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1946 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 7-31-
1946, to (only one call), 1946
that I last saw her alive on 7-31
and that death occurred on the date and hour stated above.

Immediate cause of death Failure Cardio-renal

Due to Nephritis, chronic

Due to Obesity

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131
Of autopsy ---

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) (e) Means of injury ---

23. Signature PO Jamerath (M. D. or other) PO
Address Chambers, Mo Date signed 7-31-46

Duration
1 yr.
3 yr.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

2-33330

