

S. No. 2
M-8-43
5-17-39
1 X37023

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26966

State File No. _____
Registrar's No. 58

FILED SEP 10 1946
Registration District No. 140

Primary Registration District No. 3024

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Fayette, Missouri
(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)
In this community About 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard 45
(c) City or town Fayette (If outside city or town limits, write "RURAL") /
(d) Street No. 312 S. Main St (If rural, give location) /
(e) Citizen of foreign country? No (Yes or No) (f)
If yes, name country _____

3. (a) PRINT FULL NAME Bessie Morrison Ferguson

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 William W. Ferguson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 30, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>11</u>	<u>1</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name James Morrison

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

14. Maiden name Caroline Stewart

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

16. (a) Informant Will Ferguson Jr.

(b) Address Fayette, Missouri

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

(c) Place: burial or cremation Fayette City Cemetery

18. (e) Signature of funeral director Ralph A. Carr
Fayette, Missouri

(b) Address _____
19. (a) 8-8-1946 (Date received local registrar) (b) Dorothy Tompkins (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 1st year 1946 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from 8-1-46 to 8-1-46 that I last saw her alive on 8-1-46 and that death occurred on the date and hour stated above. 1946

Immediate cause of death: Coronary Thrombosis, day
Due to Chronic Hypocardiitis 5 yr.

Due to _____
Other conditions Chronic Arthritis 20 yr
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Wm. Bloom (M. D. or other) 1946
Address Fayette, Mo Date signed 8-8-46

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

5
1
1

123

(Licensed Embalmer's Statement on Reverse Side)

SEP 24 1947

100

8-31-46

NOV 22 1947

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 Paul A Carr
Licensed Embalmer No. 3340
P. O. Address Fayette 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.