No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29317

Registration District No. 338 Primary Registration District No. 4501 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Bloomfield, (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town Bloomfield, (If outside city or town limits, write "RURAL") 2
(d) Street No. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years. 0

3. (a) PRINT FULL NAME Richard F. 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 Married 1
6. (b) Name of husband or wife Rosetta Ferguson,
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Nov. 7. 1866 (Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 8 If less than one day hr. min.

9. Birthplace Louiseville, (City, town, or county) Ky. (State or foreign country) 1
10. Usual occupation Farmer
11. Industry or business Farming.
MOTHER FATHER
12. Name Jim Ferguson,
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Mary Robertson,
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Rosetta Ferguson,
(b) Address Bloomfield, Mo.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 8, 17, 46 (Month) (Day) (Year)
(c) Place: burial or cremation Bloomfield, Mo.
18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Bloomfield, Mo.
19. (a) Aug 27, 1946 (Date received local registrar) (b) Rose Webber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15 year 1946 hour 9 minute 10 A.M.
21. I hereby certify that I attended the deceased from November 10, 1945, to Aug 9, 1946, that I last saw him alive on Aug 9, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	7 days.
Due to Chronic Glomerulone phritis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None
Of autopsy None performed

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? (Specify type of place)
While at work? (e) Means of injury 1
23. Signature Sto. Harris (M. D. or other) MD
Address Bloomfield, Mo Date signed 8-16, 1946

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No
District File Number 846-1603
Date Filed 8-19-46

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 Lyman L. Steele

Licensed Embalmer No. 2476

P. O. Address Dexter, 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.