S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 7 1946

State File No. 34305

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 99

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Caruthersville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home E. 18th, St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community Life-time years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Caruthersville (If outside city or town limits, write "RURAL")

(d) Street No. E. 18th, St. (If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Lunevia Ferguson

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased June (Month) 29 (Day) 1891 (Year)

8. AGE: Years 55 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Caruthersville, (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name George Williams
13. Birthplace Unknown (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Malinda Bowens
15. Birthplace New Madrid, Co., (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Rosa W. Coley

(b) Address 19 S. 6, St. Elhart, Ind.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/46 (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Ridge Cem.

18. (a) Signature of funeral director H. S. Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 11-1-46 (Date received local registrar) (b) Dressie B. Wilks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28 year 1946 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct 21st 1946, 19, to Oct 28, 1946 that I last saw her alive on Oct 26, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

108

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 0

23. Signature J B Litton (M. D. or other)

Address Caruthersville Mo. Date signed 10-29-46

(Licensed Embalmer's Statement on Reverse Side)

10-46-222

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 Jack N. Biggers, Registered Apprentice No. 407, working under my personal supervision.

Signed James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Carrollsville, Md.

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.