

FILED SEP 8 1947
Registration District No. **28**

Primary Registration District No. **4159**

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

1. PLACE OF DEATH:
 (a) County **Daviess**
 (b) City or town **Pattonsburg**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Home**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **55 years**
years, months or days)

3. (a) PRINT FULL NAME **Martha E. 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 **James Ferguson**
 6. (c) Age of husband or wife if alive **Doc'd** years
 7. Birth date of deceased **Jan 11 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 6 20 hr. min.

9. Birthplace **Gentry Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER {
 12. Name **Joseph Parks**
 13. Birthplace **Va**
(City, town, or county) (State or foreign country)
 14. Maiden name **not known**
 15. Birthplace **not known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joc. Ferguson**
 (b) Address **Pattonsburg Mo**

17. (a) **Burial** (b) Date thereof **8 4 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethel**

18. (a) Signature of funeral director **Ed Brown**
 (b) Address **Pattonsburg Mo**

19. (a) **8-24-47** (b) **Virginia M. Engelhart**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Daviess**
 (c) City or town **Pattonsburg MO**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **31**
 year **1947** hour **11:30** minute **A** M.
 21. I hereby certify that I attended the deceased from **July 30**
 19**47** to **July 31** 19**47**
 that I last saw her alive on **July 30** 19**47**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetic Coma**
 Due to **Diabetes Mellitus**
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy **61**

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 **John F. Parker** (M. D. or other)
 Address **Pattonsburg Mo** Date signed **9/21/47**

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

DISTRICT HEALTH OFFICE
Camden, N.J.

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

Robert V. Sunderm

Registered Apprentice No. *50*

working under my personal supervision.

Signed

R. Sunderm

Licensed Embalmer No. *2857*

P. O. Address

Patonsburg No

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.