No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 26 1948

Registration District No. 37

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3060

44564
State File No.
Registrar's No. 420

1. PLACE OF DEATH:
(a) County: St. Francois
(b) City or town: Farmington, Mo.
(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
In this community: lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Francois
(c) City or town: Farmington
(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

3. (a) PRINT FULL NAME: Charles Bernard Ferguson
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: m
5. Color or race: w
6. (a) Single, widowed, married, divorced: m
6. (b) Name of husband or wife: Melinda Coffel Ferguson
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: April (Month) 22 (Day) 1878 (Year)

8. AGE: Years 69 Months 8 Days 2 If less than one day - hr. min.

9. Birthplace: Cross Roads (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Homer

FATHER
12. Name: Silas Ferguson
13. Birthplace: Jefferson County, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Jane Brannon
15. Birthplace: Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. C. B. Ferguson
(b) Address: Farmington, Mo.
17. (a) b (Burial, cremation, or removal) (b) Date thereof: 12-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Parkview
18. (a) Signature of funeral director: C. H. Cozean
(b) Address: Farmington, Mo.
19. (a) 12-28-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 24 year: 1947 hour: 9 minute: 30 P.M.

21. I hereby certify that I attended the deceased from July 9, 1947 to Dec 24, 1947 that I last saw him alive on Dec 28, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	6 hrs.
Due to: Arteriosclerotic Heart Disease	?
Due to:	
Other conditions: Prostatic nephrosclerosis. (Include pregnancy within 3 months of death)	

Major findings:
Of operations: /
Of autopsy: 93.10

PHYSICIAN
Underline the cause of 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

23. Signature: F. Richard Crouch (M. D. or other) M.D.
Address: Farmington, Mo. Date signed: 12-27-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

ECEIVED

ict Health Officer No. 4

t File Number 148-93

ed 1-19-48

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 C H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.