

17-39

**FILED MAR 4 1948**

Registrar's No. **51**

Registration District No. **174**

Primary Registration District No. **5432**

1. PLACE OF DEATH:

(a) County **Franklin**  
(b) City or town **Sullivan - Meramec Twsp.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Millers Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **28 days**  
(Specify whether years, months or days)  
In this community **28 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin 36**  
(c) City or town **Sullivan - rural 0**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Millers Home 0**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Laura Ferguson**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **Dec 8 1870**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **1** Days **18** If less than one day  
hr. min.

9. Birthplace **Tenn.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Self**

12. Name **John L. Houston**

13. Birthplace **Tenn.** (City, town, or county) (State or foreign country)

14. Maiden name **Susan N. Williams**

15. Birthplace **Tenn.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Dora Ward**

(b) Address **1318 Ruby, Kansas City 3, Mo.**

17. (a) **Burial** (b) Date thereof **3/1/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem.**

18. (a) Signature of funeral director **Provost Und. Co.**

(b) Address **3710 N. Grand Blvd.**

19. (a) **2-38-48** (b) **Ed Prastac**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **26**  
year **1948** hour **2** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **2-24-** 19**48** to **2-26-** 19**48**  
that I last saw her alive on **2-24-** 19**48**  
and that death occurred on the date and hour stated above.  
Duration

Immediate cause of death **Cerebral thrombosis 3926**

Due to **Chronic rheumatic heart disease 3926**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **43 B**  
Of autopsy

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?.....

While at work?..... (Specify type of place) (e) Means of injury **0**

23. Signature **Ed Prastac** (M. D. or other) **0**  
**Sullivan, Mo.** Date signed **2/24/48**

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

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RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 3-3-48

MAR 5 1948

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 Robert M. Murray  
Licensed Embalmer No. 37490  
P. O. Address Sullivan, 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.