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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 27

Primary Registration District No. H033

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Rates

(b) City or town Amoret
(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 Rates

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Francis Ferguson

(b) If veteran, name war X

(c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1948 hour 3 minute 45 P. M.

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Wid 2

7. (b) Name of husband or wife Daniel Davis Ferguson 6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased February 28 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 11, 1941 19. to March 7, 1948 19. ;
that I last saw h.e. alive on March 7, 1948 19. ;
and that death occurred on the date and hour stated above.

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

<u>84</u>	<u>0</u>	<u>9</u>	hr. _____ min. _____
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Immediate cause of death Coronary Occlusion Duration 20 Yrs.

Due to Endocarditis (Rheumatic) 10 yrs.

Due to _____

9. Birthplace Arkansas /
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy _____

MOTHER FATHER {

12. Name John Collins

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Overstreet

15. Birthplace Kentucky /
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant James E. Ferguson

(b) Address Amoret Missouri

17. (a) Burial (b) Date thereof 3-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hill Cem.

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? _____

18. (a) Signature of funeral director: Creath & Six

(b) Address Adrian Mo.

19. (a) 3-12-48 (b) Rendall Perry
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (Means of injury) 2

23. Signature W.H. Schudert (Name of other) DR

Address Amoret Missouri Date signed 3-9-48

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

RECEIVED
District Health Officer No. 7,
District File Number 3-48-262
Date Filed 4-10-48

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 and

Fred J. Guath # 3543, Registered Apprentice No. _____
working under my personal supervision.

Signed _____ Adrian Mo

Licensed Embalmer No. 3650

P. O. Address Adrian 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.