S. No. 300
M—10-47
. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 25 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9603

Registration District No. 256 | Primary Registration District No. 4388 | Registrar's No. 2

1. PLACE OF DEATH:

(a) County: Osage
(b) City or town: Chamois 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 (Specify whether) In this community (years, months or days): all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Osage 76
(c) City or town: Chamois (If outside city or town limits, write "RURAL") 0
(d) Street No.: — (If rural, give location) 0
(e) Citizen of foreign country? — (Yes or No) 0
If yes, name country: —

3. (a) PRINT FULL NAME: Sally Hensley

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: | 6. (c) Age of husband or wife if alive: ~~1856~~ years

7. Birth date of deceased: April (Month) 11 (Day) 1856 (Year)

8. AGE: Years 91 | Months 11 | Days 5 | If less than one day: 17 hr. min.

9. Birthplace: Leer, mo Rural (City, town, or county) 0 (State or foreign country)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: David J Ferguson
13. Birthplace: / (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name: Jane Ferguson
15. Birthplace: / (City, town, or county) Virginia (State or foreign country)

16. (a) Informant: Mrs Asha White
(b) Address: Chamois mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-18 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Founley Cemetery Rural

18. (a) Signature of funeral director: Otto Stockrick
(b) Address: Chamois mo.

19. (a) 3-17- (Date received local registrar) (b) 48 Esther Souder (Registrar's signature) 34

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1948 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 1947 to March 1948 that I last saw h. alive on March 10th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive heart failure — | Duration
Due to:
Due to:
Other conditions: Senile arteriosclerosis (Include pregnancy within 3 months of death)

Major findings:
Of operations: /
Of autopsy: 93E

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:

23. Signature: L. E. Cuffer D.O. (M.D. or other)
Address: Chamois, Mo. Date signed 3/17/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
MAR 24 1948
Date Filed

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 Otto T. Stockick

Licensed Embalmer No. 1902

P. O. Address Chamois 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.