

FILED APR 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12316

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Clinton General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 hours  
(Specify whether  
In this community All of Life  
years, months or days)

3. (a) PRINT FULL NAME Anna Belle Ferguson  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Roy Ferguson 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased November 20 1892  
(Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 2 If less than one day hr. min.

9. Birthplace St. Clair County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business

MOTHER FATHER { 12. Name George Daugherty 0  
13. Birthplace St. Clair County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Fannie Mote  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Ferguson  
(b) Address Lowry City Mo.

17. (a) Burial (b) Date thereof 4/24/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lowry City Missouri

18. (a) Signature of funeral director F.B. Goodrich  
(b) Address Osceola Missouri

19. (a) 4-23-48 (b) R. B. Kerney  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair 93  
(c) City or town Lowry City 0  
(If outside City or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22  
year 1948 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from 1945 to March 22 1948  
that I last saw her alive on March 22 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Unknown  
Duration

Due to

Due to

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: none 932

Of operations

Of autopsy none

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) hp

(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

23. Signature S. B. Kerney (M. D. or other) MD  
Address C. Clinton Mo. Date signed 4/24/48

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

APR 15 1948

RECEIVED

District Health Officer No. 7,

District File Number 3-48-445

Date Filed 4-27-48

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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 F. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Oscola 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.