

FILED MAY 27 1948

Registration District No. 276

Primary Registration District No. 5947

Registrar's No. 32

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

1. PLACE OF DEATH

(a) County Phelps
(b) City or town Rural St James Township
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 years
In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Phelps
(c) City or town Rural
(d) Street No.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Alford Fred Ferguson

3. (b) If veteran, name war L 3. (c) Social Security No. K

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married divorced married
6. (b) Name of husband or wife Myrtle Ferguson 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased 3 - 29 - 1885

8. AGE: Years 63 Months 1 Days 20 If less than one day hr. min.

9. Birthplace Springfield MO

10. Usual occupation Painter

11. Industry or business

12. Name Jim Ferguson
13. Birthplace MO
14. Maiden name Edeline Edmonson
15. Birthplace MO

16. (a) Informant Myrtle Ferguson

(b) Address St James MO

17. (a) Burial (b) Date thereof 5-21-48

(c) Place: burial or cremation macvie cem

18. (a) Signature of funeral director Quale Licklider

(b) Address St James MO

19. (a) May 22 1948 (b) Corata Birmingham

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 19 year 1948 hour 8 minute 40 AM

21. I hereby certify that I attended the deceased from Apr 17 to May 19 1948 that I last saw him alive on May 18 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary embolism
Due to: Myocarditis 1 yr

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

Major findings: Of operations: 935
Of autopsy:

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: Alford Fred Ferguson (M. D. or other)
Address: St James MO Date signed: 5/21/48

Duration
Underline the cause to which death should be charged statistically.

RECEIVED

Phelps County Health Officer,

County File Number 5/25/48

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 _____

me

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Oral E. Lickliker

Licensed Embalmer No. 3546

P. O. Address St James 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.