No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18574

Registration District No. 2 — Primary Registration District No. 5010 — Registrar's No. 238

1. PLACE OF DEATH:
(a) County: Andrew
(b) City or town: Rural Benton Twp. (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 years, months or days): In this community: 72 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Andrew
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Rosendale 2 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

2000

3. (a) PRINT FULL NAME: Estella May Ferguson
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: George Ferguson
6. (c) Age of husband or wife if alive: 77 years
7. Birth date of deceased: Feb (Month) 27 (Day) 1876 (Year)

8. AGE: Years 72 | Months 3 | Days 16 | If less than one day: hr. min.

9. Birthplace: Andrew (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Samuel Ware
13. Birthplace: Chillicothe (City, town, or county) Ohio (State or foreign country)
14. Maiden name: Nancy Ann Lipes
15. Birthplace: Martinsville (City, town, or county) Ind (State or foreign country)
16. (a) Informant: Earl Ferguson
(b) Address: Rosendale Mo.
17. (a) B (Burial, cremation, or removal) (b) Date thereof: 6-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Coffman
18. (a) Signature of funeral director: E. C. Brist
(b) Address: Savannah Mo.
19. (a) 6-9-48 (Date received by local registrar) (b) Lillian Spark (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from May 1, 1948 to June 3, 1948 that I last saw her alive on June 3, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Apoplexy	3 Mo
Due to: Arteriosclerosis	3 mo
Due to:	
Other conditions: (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 83N
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: V. P. Rosendale (M. D. or ~~Coroner~~)
Address: V. P. Wilson Date signed: 6/9/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

JUL 22 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 E. C. Brent

Licensed Embalmer No. 2650

P. O. Address Savannah 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.