FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 26 1948

Registration District No. 138

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32718

Primary Registration District No. 5523

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Hickory

(b) City or town Rural - Green
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hickory

(c) City or town Rural
(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 Margaret BARSHeba Ferguson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Femele

5. Color or race W.

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

6. (b) Name of husband or wife William Andrew

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Sept (Month) 24 (Day) 1868 (Year)

8. AGE: Years 80 Months — Days 22 If less than one day hr. min.

9. Birthplace Polk County (City, town, or county) D (State or foreign country)

10. Usual occupation —

11. Industry or business

FATHER
12. Name James Pryor Low
13. Birthplace (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Susan Jane Keith
15. Birthplace (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Mrs Tennie Fugerson
(b) Address Nemo, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct - 18 - 48 (Month) (Day) (Year)
(c) Place: burial or cremation Nemo Cemetery

18. (a) Signature of funeral director Vaughan - Resser
(b) Address Urbana, Mo.

19. (a) Oct 18-48 (Date received local registrar) (b) W P Hargiss (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct - 16 day
year 1948 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 3, 1948, to Oct 16, 1948, that I last saw her alive on Oct 5, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senile debility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 C W Bailey (M. D. or other) MD
Address Kingsville Mo. Date signed Oct 18

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7
District File Number 9-48-1238
Date Filed 10-25-48

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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Allen W Vaughan

Licensed Embalmer No. 4156

P. O. Address Urbana, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.