

FILED OCT 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32761

State File No. _____

Registration District No. 143

Primary Registration District No. 4232

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Willow Springs, Missouri
(If outside city or town limits, write "RURAL" and name of 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 _____ (Specify whether

In this community 60 years
years, months or days)

3. (a) PRINT FULL NAME Phrona Lovan Ferguson

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 Married

6. (b) Name of husband or wife Charles Ferguson 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August 29 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>0</u>	<u>14</u>	_____ hr. _____ min.

9. Birthplace Doniphan Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name R. C. Lovan

13. Birthplace Green County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Russell Tenn.

15. Birthplace Nashville Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Ferguson

(b) Address Willow Springs, Missouri

17. (a) Burial (b) Date thereof 9/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willow Springs, Mo.

18. (a) Signature of funeral director Burns Funeral Home

(b) Address Willow Springs, Missouri

19. (a) 9/14/48 (b) Martha Lee Ballard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Willow Springs, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1948 hour 10:00 minute 10 M.

21. I hereby certify that I attended the deceased from 8-10-1937 to 9-12-1948
that I last saw her alive on 9-12-1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon Duration 5 mos.

Due to _____

Due to _____

Other conditions H/E
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of ascending Colon
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? _____

While at work _____ (Specify type of place) (c) Means of injury _____

23. Signature Dr. Callahan (M. D. _____)

Address Willow Springs, Mo. Date signed 9-14-48

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

RECEIVED 10-11-48
District Health Officer No. 5,
District File Number 107836
Date Filed 10-4-48

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..... J. C. Burns 
Licensed Embalmer No. 3379

P. O. Address Willow Springs, Misso

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.