

No. 2  
-13-40  
-17-39  
X23159

Registration District No. **347** Primary Registration District No. **3018** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County **Henry**  
(b) City or town **Clinton**  
(c) Name of hospital or institution: **Clinton General Hosp**  
(d) Length of stay: In hospital or institution **5 hours**  
In this community **0** years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Dont Know**  
(c) City or town **Dont Know**  
(d) Street No. **2**  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **John D Ferguson**  
(b) If veteran name war **Spanish**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **5** day **1**  
year **1941** hour **8:00** minute **0** M.  
21. I hereby certify that I attended the deceased from **5-1** 19**41** to **5-1** 19**41**  
that I last saw b. **5-1** alive on **5-1** 19**41**  
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **married**  
(b) Name of husband or wife **Dont Know**  
(c) Age of husband or wife if alive **Dont Know** years  
7. Birth date of deceased **May 6 1878**  
(Month) (Day) (Year)

Immediate cause of death **Coronary thrombosis**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **A4W**

8. AGE: Years **62** Months **11** Days **25**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Paduca Ky 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **insurance agent**

11. Industry or business \_\_\_\_\_

12. Name **James Hunter Ferguson**

13. Birthplace **Dont Know 9**  
(City, town, or county) (State or foreign country)

14. Maiden name **Marthenia Merylwether**

15. Birthplace **Dont Know 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Louise Towell**  
(b) Address **Leavenworth Kansas**

17. (a) **Burial** (b) Date thereof **5-3-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Englewood**

18. (a) Signature of funeral director **Consalus Beck**  
(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) **Dr. J. R. Hampton**  
(Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature **James O. Smith** (M. D. or other) **Paul**  
Address **Clinton Mo** Date signed **5-2-41**

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

MOTHER FATHER

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

**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. E. Conrads  
Licensed Embalmer No. 1891  
P. O. Address Clinton 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.**