

AUG 14 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26299

Do not use this space.

1. PLACE OF DEATH

(a) County MONTGOMERY Registration District No. 589
(b) Township BEAR-CREEK Primary Registration District No. 4347 Registered No. 18
(c) City JONESBURG, Mo. (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 60 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? - yrs. - mos. - ds.

2. PRINT FULL NAME MARY FRANCES FERGUSON

(a) Residence, No. JONESBURG, MISSOURI St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF OSCAR D. FERGUSON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22, 1855
7. AGE YEARS 83 MONTHS 8 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ARKANSAS?13. NAME NICHOLAS BARTLETT14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN15. MAIDEN NAME MARGARET NOWLEN16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN17. INFORMANT BEULAH F. McFARLAND
(ADDRESS) JONESBURG, MISSOURI18. BURIAL, CREMATION, OR REMOVAL
PLACE JONESBURG CEM. DATE JULY 23, 193919. FUNERAL DIRECTOR Ray Means
(ADDRESS) Jonesburg20. FILED July 27, 1939 Mary Lou Plummer
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 - 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 1928 to July 20 1939
I last saw h. er alive on July 20 1939. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 7-18-39
Acute Myocarditis 7-18-39
2

Other contributory causes of importance: Intestinal Nephritic ChoaName of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) James C. Helm M. D.
(Address) New Florence Mo.

STATEMENT BY LICENSED EMBALMER

I, Ray Means, Licensed Embalmer No. 3743

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ of by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Ray Means

Licensed Embalmer No. 3743

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.)