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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11362

Registration District No. 117 417 Primary Registration District No. 3021 Registrar's No. 41

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jane Chinn Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 45 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Webb City (If outside city or town limits, write "RURAL")

(d) Street No. 224 N. Washington (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Daisy Campbell Ferguson 623

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 John Ferguson

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Feb (Month) 14 (Day) 1877 (Year)

8. AGE: Years 63 Months 1 Days 2 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant John Ferguson

(b) Address Webb City MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar (Month) 18 (Day) 1940 (Year)

(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director Webb City Und Co.

(b) Address Webb City Mo

19. (a) MCH. 18. 40 (Date received local registrar) (b) P. L. Pritchett MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 16 year 1940 hour 11 minute 40 A M.

21. I hereby certify that I attended the deceased from FEB. 14-1940, 19__, to MCH. 16; 1940, 19__; that I last saw her alive on MCH. 16. 40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes	
Due to chronic type	
Due to Fracture of Femur	
Other conditions (Include pregnancy within 3 months of death) 1860	
Major findings: Of operations 10	
Of autopsy 10	

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) accident

(b) Date of occurrence Feb-14-40

(c) Where did injury occur? Webb City Jasper MO (City) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 377 Home (Specify type of place)

While at work? no (e) Means of injury fall

23. Signature M. D. Slaughter (M. D. or other) 100

Address 205 W Broadway Date signed 3-18-40 Webb City Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 440-941
Date Filed APR 4 1940

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

Signed Clayton M. Johnston
Licensed Embalmer No. 3922
P. O. Address Webb City, 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, above space should be left blank.