

FILED DEC 12 1940

Registration District No. 89

Primary Registration District No. 513/3007

Registrar's No. 329

1. PLACE OF DEATH

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hours
(Specify whether years, months or days) 1

3. (a) PRINT FULL NAME JAMES THOMAS FERGUSON

8. (b) If veteran, name war L 3. (c) Social Security No. L

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lillie Mae Bay Ferguson 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Oct 27, 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Poplar Co. Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business 6

12. Name James Ferguson

18. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Carr

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

16. (a) Informant Ance Ferguson

(b) Address Naylor 740

17. (a) Burial (b) Date thereof Oct. 28. 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fair dealing home

18. (a) Signature of funeral director Missie Cook

(b) Address Naylor 740

19. (a) 11/15/40 (b) Obertinger
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Ripley
(c) City or town Naylor
(If outside city or town limit, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
year 1940 hour 8 minute 27 P.

21. I hereby certify that I attended the deceased from October 26, 1940 to Oct. 26, 1940,
that I last saw him alive on October 26, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Voluntarily + peritonitis

Due to adhesions + peritonitis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12. 10

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

23. Signature J. M. Hutchinson (M. D. or other) 1
Address Poplar Bluff mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

-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 *Bryan C. McLeod*

Licensed Embalmer No. *4079*

P. O. Address *Naylor, 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.