

Registration District No. 5768

Primary Registration District No. 1051

Registrar's No.

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or local address)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 6 weeks years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

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

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

3. (a) PRINT FULL NAME CHARLES BRUCE FERGUSON

3. (b) If veteran, name war. ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4 year 1946 hour 3:20 minute ✓

21. I hereby certify that I attended the deceased from July 24, 1940 to Aug 4, 1940 that I last saw him alive on Aug 30, 1940 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced. ✓

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 21, 1940
(Month) (Day) (Year)

Immediate cause of death Colitis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

1 14 hr. min.

9. Birthplace Dorena, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name James Thomas Ferguson

13. Birthplace Dorena, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ellen Haley

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant James Thomas Ferguson

(b) Address East Prairie Mo

17. (a) Burial (b) Date thereof Aug 4, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Medina, Tenn

18. (a) Signature of funeral director Pravis Shelby

(b) Address East Prairie Mo

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 St. Martine (M. D. or other) _____

Address East Prairie Date signed Aug 5, 1946

19. (a) 12-7-40 (b) Mrs. Walter Pravin
(Date received local registrar) (Registrar's signature)

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

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FILED DEC 1 1946

Handwritten scribbles and illegible text in the upper left corner.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.