No. 2
1-10-39
17-3
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1571

Registration District No. 2 | Primary Registration District No. 205 | Registrar's No. 3

1. PLACE OF DEATH:
(a) County: Andrew
(b) City or town: Savannah Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Vincent Sanatorium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 4 days (Specify whether years, months or days)
In this community 1 mo - 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: Mercer
(c) City or town: Aledo
(If outside city or town limits write "RURAL")
(d) Street No.: 500 N. College 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME: Elmer Ferguson.
8. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April 27, 1866 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	8	10	hr. min.

9. Birthplace: Mercer County, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: Merchant
11. Industry or business: Grocer
FATHER 12. Name: Calvin Ferguson
13. Birthplace: Unknown, Ill Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Lucinda Boyd
15. Birthplace: Madison County, Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Murphy Funeral Home
(b) Address: Aledo, Illinois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Jany 8, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Aledo, Illinois
18. (a) Signature of funeral director: Frank A. Bowman
(b) Address: Savannah, Mo.
19. (a) Jan 8-41 (Date received local registrar) (b) Mrs. Jennie Rash (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1941 hour 12 minute 40 A.M.
21. I hereby certify that I attended the deceased from 12-4-1940 to 1-7-1941, that I last saw him alive on 1-1-1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	1 day
Due to Carcinoma posterior 4 right ear.	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: none

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):
(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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Willard A. Stewart (M. D. or other)
Address: Savannah Mo. Date signed 1-7-41

(Licensed Embalmer's Statement on Reverse Side)

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 1-7-41

....., Registered Apprentice No.....

working under my personal supervision.

Signed W. M. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. 10th St. Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.