

Registration District No. 33

Primary Registration District No. 5713

1. PLACE OF DEATH: Macon
 (a) County Macon
 (b) City or town RR
 (c) Name of hospital or institution: Hud 7th St Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution always (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Macon
 (c) City or town RR
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5 miles Southeast of Macon
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? always years.

3. (a) PRINT FULL NAME Fannie Ferguson
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 9 year 1941 hour 9:30 minute a M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (c) Age of husband or wife if alive 2-185-3
 7. Birth date of deceased: Feb 2 1853
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-25-41 to 1-25-41 19...; that I last saw him alive on 1-25-41 19...; and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 11 Days 10 If less than one day hr. min.

Immediate cause of death: Cerebrovascular Disease
 Due to Disease
 Duration 54 yrs

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

Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations
 Of autopsy

10. Usual occupation House Keeper
 11. Industry or business
 12. Name John M King
 13. Birthplace Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Nancy King
 15. Birthplace Mo
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant John J King
 (b) Address RR 1 Excd 2 Macon
 17. (a) burial (b) Date thereof July 4-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt Salem Cem
 18. (a) Signature of funeral director Robert Skimmer
 (b) Address Macon Mo
 19. (a) 3/7/41 (b) Debra Hunter
 (Date received local registrar) (Registrar's signature)

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?
 476 (Specify type of place)
 While at work? _____ (e) Means of injury: _____
 23. Signature R. J. Murray (M. D. or other) 0
 Address Macon Mo Date signed 3/2/41

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

RECEIVED

District Health Officer No. 10

District File Number 3-41-515

Date Filed MAR 10 1941

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. 4066

P. O. Address 9th Street, 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, fact should be so stated above.