No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7658

FILED MAR 19 1941

Registration District No. 953

Primary Registration District No. 5797-B

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town (Rural) Mill Creek Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71

(c) City or town (Rural) Mill Creek Twp. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Frank Archie Ferguson

3. (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 Married /

6. (b) Name of husband or wife Sallie R. Ferguson

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased January (Month) 20 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	0	17	hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Cyrus Ferguson
13. Birthplace Moniteau County (City, town, or county), Missouri (State or foreign country)

MOTHER
14. Maiden name Rhoda McNeet
15. Birthplace Benton County (City, town, or county), Missouri (State or foreign country)

16. (a) Informant Sallie R Ferguson
(b) Address Fortuna, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 9, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Tipton Masonic Cemetery

18. (a) Signature of funeral director Jennie E. Richards
(b) Address Tipton Mo

19. (a) Feby 8, 1941 (Date received local registrar) (b) Julius R Cooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day seventh year 1941 hour 11 minute 45 P M.

21. I hereby certify that I attended the deceased from Nov. 20, 1940, 19..., to Feb 7, 1941, 19...; that I last saw him alive on Feb. 6, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Locked bowels	Feb 2, 1941
Due to Injury to abdomen received	Nov 15, 1940
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
Of autopsy ✓

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) Struck in abdomen by animal
(b) Date of occurrence Nov 15, 1940
(c) Where did injury occur? His farm, Moniteau (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm. (Specify type of place)
While at work? Yes (e) Means of injury Animal

23. Signature R. C. Hume MD (M. D. or other) 0
Address Tipton Mo Date signed 2-8-41

(Licensed Embalmer's Statement on Reverse Side)

OCT 8 1949

RECEIVED
District Health Officer No. 7,
District File Number 3-41-424
Date Filed 3-5-41

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~~ Me, ..., Registered Apprentice No. ..... working under my personal supervision.

Signed Jennell E. Richard

Licensed Embalmer No. 2466

P. O. Address Lisbon, Me

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

If this body is not embalmed, fact should be so stated above.