

STANDARD CERTIFICATE OF DEATH

Registration District No. 328

Primary Registration District No. 5452

Registrar's No.

1. PLACE OF DEATH

(c) County Grundy  
 (b) City or town MADISON  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: R.F.D. # 1, Dresden Mo.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 55 years (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME WILLIAM THOMAS FERGUSON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. XXXX

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Phoebe Rader Ferguson 6. (c) Age of husband or wife if alive 71 years  
 7. Birth date of deceased November 21, 1858  
 (Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Kingston Ontario Canada  
 (City, town, or county) (State or foreign country)

10. Usual occupation Famer

11. Industry or business Farm

12. Name Robert Ferguson

13. Birthplace Glasgow Scotland  
 (City, town, or county) (State or foreign country)

14. Maiden name Julia Ewins

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

16. (a) Informant Mrs Lilpha Leeper  
 (b) Address 1504 E 13th St Trenton Mo

17. (a) burial (b) Date thereof 4-6-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ann's Church, Glasgow

18. (a) Signature of funeral director Raymond A. Dancy  
 (b) Address Trenton Mo

19. (a) 4-6-41 (b) French Fair  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy  
 (c) City or town Dresden (If outside city or town limits, write "RURAL")  
 (d) Street No. RFD # 5  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4  
 year 1941 hour 5:15 minute 15 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration 22 days

Due to arterio-sclerosis

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) \_\_\_\_\_

(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? \_\_\_\_\_

300 (Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. H. Muller (M. D. or other) \_\_\_\_\_

Address Trenton Mo Date signed \_\_\_\_\_

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

**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.....

*Robert B. Davis*  
.....  
working under my personal supervision.

....., Registered Apprentice No. *212*

Signed *Robert B. Davis*  
.....

Licensed Embalmer No. *3424*

P. O. Address... *Trouton Mo.*

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

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