

FILED JAN 17 1942

Registration District No. 032

Primary Registration District No. 5712

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Shuster Township
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution L (Specify whether
In this community 41 yrs / (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon
(c) City or town Rural
(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? L / 0 years.

3. (a) PRINT FULL NAME: Lillie Hannah Ferguson

3. (b) If veteran, name war: L 3. (c) Social Security No. L

4. Sex F 5. Color or race W 6. (a) Single, widowed, married divorced married
6. (b) Name of husband or wife: Ray Ferguson 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased: Jan 20 - 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 11 15 hr. min.

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

10. Usual occupation: House Keeper

11. Industry or business: _____

12. Name: Dr. R. C. Mitchell

13. Birthplace: St. Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name: Beulah Christ

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

16. (a) Informant: Ray Ferguson
(b) Address: La Plata Mo

17. (a) Rural (b) Date thereof: Jan 7 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: See City Mo

18. (a) Signature of funeral director: W. E. Christie
(b) Address: La Plata Mo

19. (a) Jan. 7 - 1942 (b) Ala B. Webber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan. 3, 1942, to Jan. 5, 1942
that I last saw her alive on Jan. 5, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy
Duration: 3 days

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy: _____
OF HEALTH

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: Ed H. Buckley (M. D. or other) _____
Address: La Plata Mo Date signed: 1-6-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

61000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1031

FEB 14 1947

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.