

FILED JAN 21 1942

Registration District No. 1122

Primary Registration District No. 6226

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

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Nerwood, Mo. R. Line
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 7 1/2 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright
(c) City or town Nerwood
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME: JOHN WILLIAM FERGUSON

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Olivia 6. (c) Age of husband or wife if 7 1/2 years
7. Birth date of deceased May 9 1855
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Sweet Springs, Saline Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business _____
MOTHER FATHER { 12. Name Richard L. Ferguson
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Mary Lynch
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Richard Ferguson
(b) Address Nerwood, Missouri

17. (a) Removal (b) Date thereof 1-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Springs, Mo.

18. (a) Signature of funeral director Raymond Funeral Home

(b) Address Nerwood, Mo.

19. (a) _____ (b) Mrs. Charles Cramer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31
year 1941 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from 12/20
1941 to 12/31 1941
that I last saw him alive on 12/31 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease
Coronary

Due to _____
Due to _____

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

Major findings: Of operations 8301
Of autopsy _____

Duration _____
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 R. L. Wang (M. D. or other)
Address Nerwood, Mo. Date signed 1/11

1942

RECEIVED

District Health Officer No. 6,

District File Number 142-115

Date Filed JAN 13 1942

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 Ella J. Bouldin

Licensed Embalmer No. 1969

P. O. Address Newbury, Mass.

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, above space should be left blank.