

S. No. 2
4-13-40
5-17-39
I X23199

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1658

FILED FEB 7 1942
Registration District No. 8

Primary Registration District No. 202

Registrar's No. 1

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

1. PLACE OF DEATH Benton

(a) County Benton

(b) City or town Ionia White Sulphur
(If outside city or town limits, write "RURAL" and name of 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 _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Mrs Arminda Ferguson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 24th 1861
(Month) (Day) (Year)

8. AGE: 80 Years 7 Months 24 Days If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Titus Englund

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

14. Maiden name Mary Gramm

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

16. (a) Informant C W Englund

(b) Address Ionia Mo

17. (a) Burial (b) Date thereof Nov 18, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ionia Cemetery

18. (a) Signature of funeral director E L Dickhoff

(b) Address Cole Camp Mo

19. (a) 1-20-1942 (b) Sue Selover
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town Ionia
(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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th
year 1941 hour 7:30 minute 30 Am. M.

21. I hereby certify that I attended the deceased from 10-23
1941, to 11-18, 1941
that I last saw her alive on 10-23, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to _____

Due to _____

Other conditions 932
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) [Signature]
Address Cole Camp Mo Date signed 11-18-41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 2-42-12

Date Filed 2-5-42

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..... *E. L. Eichhoff*.....

Licensed Embalmer No. 720.....

P. O. Address..... Cole Camp 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.