No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23802

Registration District No. 8 | Primary Registration District No. 203 | Registrar's No. 21

1. PLACE OF DEATH:
(a) County: Benton
(b) City or town: "Rural" E. Tom Twp.
(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 years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Benton
(c) City or town: "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No.: Shawnee Bend, E. Tom Twp.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Mathis Calaway 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: Single
6. (b) Name of husband or wife: ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: March (Month) 15 (Day) 1875 (Year)
8. AGE: Years 67 | Months 4 | Days 8 | If less than one day ____ hr. ____ min.
9. Birthplace: Benton County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired School Teacher
11. Industry or business: ____
FATHER 12. Name: Henry Fergerson
FATHER 13. Birthplace: Benton County (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Elizabeth Jones
MOTHER 15. Birthplace: Benton County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Ada Downing
(b) Address: Rocket Star Rt. Warsaw Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 25, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Riverside Cemetery
18. (a) Signature of funeral director: White - Reser
(b) Address: Warsaw, Missouri
19. (a) 7/24/42 (Date received by local registrar) (b) Jas. A. Logan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1942 hour 11 minute 20 A. M.
21. I hereby certify that I attended the deceased from 7-21-42, 19__, to 7-23, 1942, that I last saw him alive on July 23, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Accident	
Due to: Fall from a horse	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations: No Operation	
Of autopsy: None	

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): Accident
(b) Date of occurrence: July 21-42
(c) Where did injury occur? Tom Twp (City or town) Benton (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? Yes (e) Means of injury: Fall from horse
23. Signature: H H Barage (M. D. or coroner)
Address: Warsaw Mo Date signed: 7-24-42

65

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7
District File Number 8-42-821
Date Filed 8-4-42

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 [illegible]

Licensed Embalmer No. 5053

P. O. Address Warsaw Mo.

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

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