

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 23 1943
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 178

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution: Method Hosp. C
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution abt 2 days
(Specify whether over 40 yrs. (years, months or days))

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Buchanan
(c) City or town St Joseph
(d) Street No. 633 10018
(e) Citizen of foreign country? no
If yes, name country _____

3. (a) PRINT FULL NAME DANIEL FERGISON
(b) If veteran, name war 20
(c) Social Security No. 20

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 4 year 1943 hour 6 minute P.M.
21. I hereby certify that I attended the deceased from 9-7-42 to 2-3-43 that I last saw him alive on 2-3-43 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race Wht
6. (a) Single, widowed, married divorced
(b) Name of husband or wife Cora
(c) Age of husband or wife if alive _____ years

Immediate cause of death arteriosclerosis
gangrene
Duration 9-7-42

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>11</u>	<u>20</u>	hr. _____ min. _____

Due to 1/86 to _____
Due to 10 2-3-43

9. Birthplace Missouri
10. Usual occupation Ret. Stone Mason

Other conditions fractured Rt Humerus + rt femur
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name unk
13. Birthplace unk
14. Maiden name unk
15. Birthplace unk

Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant Mrs Lela M. Sifford
(b) Address St Joseph Mo
17. (a) o (b) Date thereof Feb 6 1943
(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director Ray Stawey
(b) Address St Joseph Mo
19. (a) 2-6-43 (b) Rose Henry
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) fall
(b) Date of occurrence 9-7-42
(c) Where did injury occur? St Joseph Buchanan Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work no (Specify type of place) (e) Means of injury fall
23. Signature John P. [unclear] (M.D. or other) MD
Address St Joseph Mo Date signed 2-5-43

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

MOTHER FATHER

1225

Dr. William J. Smith

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.....

John Roy Stanley

Licensed Embalmer No. *2435*

P. O. Address. *H. Joseph 760*

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.