V. S. No. 2
50M—5-42
Rev. 5-17-39
X32873

FILED APR 9 1943

11062

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 103

80
6
4

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

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BOTHWELL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 MO. (Specify whether
In this community 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County PETTIS 80
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 210 W 7TH ST.
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ALEXANDER-G-FERGUSON

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

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WID.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE (Month) 26 (Day) 1866 (Year)

8. AGE: Years 76 Months 8 Days 27 If less than one day hr. min.

9. Birthplace WATSEKA (City, town, or county) ILL. (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business PAINTER

FATHER
12. Name A.P. FERGUSON
13. Birthplace ERIE Co. (City, town, or county) N.Y. (State or foreign country)

MOTHER
14. Maiden name ADALINE BUCHANAN
15. Birthplace HUNTINGDON CO. (City, town, or county) PENN. (State or foreign country)

16. (a) Informant BIBLE RECORD
(b) Address
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-25-43 (Month) (Day) (Year)
(c) Place: burial or cremation CALHOUN, MO
18. (a) Signature of funeral director GILLESPIE.
(b) Address SEDALIA
19. (a) 3-24-43 (Date received local registrar) Mrs Anna Bergle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. day 23 year 1943 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan. 16, 1942 to Mch 23, 1943 that I last saw him alive on Mch. 23, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneum.	1 wk
Due to Being bedfast	1 yr.
Due to Old fract rt. femur	4 yrs.
Other conditions Chr. Int. Nephritis & Hypertension - Myocarditis (Include pregnancy within 3 months of death)	7 yrs

Major findings
Of operations —
Of autopsy — 3 1 a

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 Frank B. Long (M. D. or other) M.D.
Address Sedalia, Mo Date signed 3/23/43.

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number ----------

Date Filed 4-8-43

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 L. E. Boulware

Licensed Embalmer No. 3867

P. O. Address Sedalia 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.