

FILED JUN 28 1943 128
315
Registration District No.

Primary Registration District No. 2000

39
2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: GREENE

(a) County: SPRINGFIELD

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1221 E. COMMERCIAL / (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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. County: Greene 39

(c) City or town: Springfield 2
6

(d) Street No.: 1221 Commercial (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: WILLIAM M. FERGUS

3. (b) If veteran, name war: NONE

3. (c) Social Security No.: [unclear]

4. Sex: MALE

5. Color or race: WHITE

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

6. (b) Name of husband or wife: J.K.

6. (c) Age of husband or wife if alive: 44 years

7. Birth date of deceased: July 29 1882 (Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 5

If less than one day hr. min.

9. Birthplace: Cassville Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Fire Repair Man

11. Industry or business: Fire Shop

12. Name: Mrs. Patten Fergus

13. Birthplace: Barry Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name: Rachel E. Roberts

15. Birthplace: Barry Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Hugh Highfill

(b) Address: Springfield Mo.

17. (a) (Burial, cremation, or removal): Green Lawn Cem.

(b) Date thereof: June 5-1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Green Lawn Cem.

18. (a) Signature of funeral director: J. W. Stinger & Co.

(b) Address: Springfield Mo.

19. (a) 6-5-43 (Date received local registrar)

(b) J. W. Stinger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th

1943 year hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from Unattended by physicians

that I last saw h. alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Pulmonary Tuberculosis

Duration: not known

Due to: 1281

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

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place)

(a) Means of injury: Local Registrar

23. Signature: J. W. Stinger (M. D. or other)

Address: Springfield Mo. Date signed: 6/4/43

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.....

Licensed Embalmer No.

P. O. Address.....

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.