

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
LED NOV 12 1943
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 193

Registration District No. 157 Primary Registration District No. 5584

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

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Avilla, McDonald township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Rural
Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 59 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Avilla, McDonald town.
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Alice Jeanette Ferguson
 3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 14
 year 1943 hour 10 minute 00 P.M.

4. Sex f 5. Color or race W
 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 September 14, 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 7, 1943, to October 13, 1943
 that I last saw her alive on October 13th, 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 11 Days 10
 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage Duration 1 week
 Due to Arterio-sclerosis

9. Birthplace Springport, Michigan
(City, town, or county) (State or foreign country)
 10. Usual occupation Housekeeper
 11. Industry or business -----

Other conditions §3a!
(Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

MOTHER FATHER

12. Name Nanning Ferguson
 13. Birthplace Ithaca, N.y.
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Nichols
 15. Birthplace Springport, Mich.
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. John Nichols
 (b) Address Avilla, Missouri
 17. (a) Burial (b) Date thereof 10/17/43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Avilla Cemetery
 18. (a) Signature of funeral director Roland Engelage
 (b) Address Sarcoxi, Missouri
 19. (a) Oct. 17 '43 (b) Lizabith Coupler
(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) _____
 (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) _____
 Address [Address] Date signed 10/14/43

1203

42-10-921

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 *Geo. B. Orr*

Licensed Embalmer No. *946*

P. O. Address *9th Tennon*

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.