. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1944

Registration District No. 302

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4102

Primary Registration District No. 4451

Registrar's No. 1477

1. PLACE OF DEATH:

(a) County Ripley

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 32 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley

(c) City or town Naylor
(If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME LILLIE MAY FERGUSON

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex female

5. Color or race w.

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Sept (Month) 3 (Day) 1868 (Year)

8. AGE: Years 76 | Months 2 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Pope Co. (City, town, or county) Ill (State or foreign country)

10. Usual occupation housewife

11. Industry or business .....

FATHER
12. Name William G. Bray
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Calanahan
15. Birthplace Pope Co. (City, town, or county) Ill (State or foreign country)

16. (a) Informant J. C. Walker
(b) Address Naylor

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-44 (Month) (Day) (Year)
(c) Place: burial or cremation Fairdealing Mo

18. (a) Signature of funeral director Minnie Fish
(b) Address Naylor Mo.

19. (a) Feb-1-1944 (Date received local registrar) (b) Bertha White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25 year 1944 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Jan 10, 1944 to Jan 25, 1944 that I last saw her alive on Jan 24, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Lower pneumonia

Due to .....

Due to .....

Other conditions chronic bronchitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration

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 H Everett (M. D. or other) MD

Address Naylor Mo Date signed 6/20/44

1017

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File: 244100
Date Filed 2-9-44

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. Bryan C. McCord

Licensed Embalmer No. 479

P. O. Address Naylor, 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.