

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Madison, Jefferson County
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community About 42 or 43 yrs.
years, months or days

3. (a) PRINT FULL NAME Minnie Elizabeth Ferguson
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife B. K. Ferguson
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Aug 11 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 7 10 hr. _____ min.

9. Birthplace UNKNOWN Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name Charlie Shainline
13. Birthplace Clinton Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Angeline Shaffer
15. Birthplace Clinton Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Christie Ferguson
(b) Address Burlington, Mo. 7760

17. (a) Burial (b) Date thereof 3-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilcox Cemetery

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 95-1 South Main, Maryville, Mo

19. (a) 3-24-44 (b) Miss M. S. Campbell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison
(c) City or town Wilcox
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 W. Rural
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 21
year 1944 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Mar. 18, 1944 to Mar. 21, 1944
that I last saw her alive on Mar. 21, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis - several years.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. E. Wallace (M. D. or other)
Address Burlington, Mo. Date signed 3-24-44

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

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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.....

Majorie Luba Campbell, Registered Apprentice No. *360*
working under my personal supervision.

Signed..... *William Campbell*

Licensed Embalmer No. *2670*

P. O. Address..... *Mayville, 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.