S. No. 2
M—8-43
. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 21 1945

State File No. 40968

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 276

1. PLACE OF DEATH:

(a) County Cole

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

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

(d) Length of stay: In hospital or institution 9 (Specify whether
In this community years, months or days) 9

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76

(c) City or town Chamois Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. — 0
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No) 1

If yes, name country —

3. (a) PRINT FULL NAME Connie Sue Ferguson

3. (b) If veteran, — name war —

3. (c) Social Security No. —

4. Sex Female 1

5. Color or race W

6. (a) Single, widowed, married, divorced Single 1

6. (b) Name of husband or wife —

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

7. Birth date of deceased Nov (Month) 22 (Day) 1945 (Year)

8. AGE: Years | Months | Days 10 | If less than one day 8 hr. min.

9. Birthplace Chamois Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Arthur Ferguson
13. Birthplace Chamois Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Marie Blanchard
15. Birthplace Aud Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Arthur Ferguson
(b) Address Chamois Mo

17. (a) Removed (Burial, cremation, or removal) (b) Date thereof Dec 9 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Deer Creek Cemetery

18. (a) Signature of funeral director Otto T Stockdick
(b) Address Chamois Mo

19. (a) 12-8-45 (Date received local registrar) (b) R. P. Harris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Nov~~ Dec day ~~22~~ 7 year 1945 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Nov 25, 1945, to Dec 6, 1945, that I last saw her alive on Dec 6, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to Twin Birth

Due to

Other conditions (Include pregnancy within 3 months of death)

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J A Cosma M.D. (M. D. or other)

Address Jefferson City Mo Date signed 12-7-45

(Licensed Embalmer's Statement on Reverse Side)

1487

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

26
5
4

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-18-45

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 Otto T Stopsich

Licensed Embalmer No. 1902

P. O. Address Chamois, 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.