

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36871

FILED APR 13 1947

Registration District No. 132

Primary Registration District No. 2021

Registrar's No. _____

1. PLACE OF DEATH

(a) County GRUNDY

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

(c) Name of hospital or institution:
213 West 6th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: 80 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME GRACE ALMA FERGUSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race white

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

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

7. Birth date of deceased January 4, 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Union Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business Home

12. Name Harry O'Neil

13. Birthplace Union Mo
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte

15. Birthplace Union Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Ferguson

(b) Address Trenton Mo

17. (a) Burial (b) Date thereof Jan 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woods Grove Trenton Mo

18. (a) Signature of funeral director Kay A. Adams

(b) Address Trenton Mo

19. (a) Jan 18 1947 (b) Tom Ferguson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40

(c) City or town Trenton 1
(If outside city or town limits, write "RURAL")

(d) Street No. 213 West 6th 2
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 1947
year 1947 hour 1:50 minute P M.

21. I hereby certify that I attended the deceased from Jan 1st
1947 to Jan 17th 1947
that I last saw her alive on Jan 17th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 5 days Duration

Due to do not know
probably arteriosclerosis

Other conditions (include pregnancy within 3 months of death)

Major findings: 83A

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? _____

23. Signatur Tom Ferguson (M, D, or other) MD
Address Trenton Mo Day Signed Jan 18 1947

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

10
1
2

115

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Walter E. Meyer, Registered Apprentice No. 458

working under my personal supervision.

Signed, James A. Wain

Licensed Embalmer No. 3424

P. O. Address Dexter, 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.