. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 23 1947

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22243 3877

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4423 Pennsylvania Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid 72
(c) City or town Portageville 6
(If outside city or town limits, write "RURAL")
(d) Street No. NR 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Daniel L. Ferguson
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex White
5. Color or race Male
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Ellen Ferguson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 2 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
83	3	14	hr. min.

9. Birthplace Henderson Co. (City, town, or county) Tennessee (State or foreign country) 1
10. Usual occupation Farmer
11. Industry or business Retired

FATHER
12. Name John M. Ferguson
13. Birthplace Henderson Co. (City, town, or county) Tennessee (State or foreign country) 1

MOTHER
14. Maiden name Mary Milan
15. Birthplace Henderson Co. (City, town, or county) Tennessee (State or foreign country) 1

16. (a) Informant Warren Pierce
(b) Address 4423 Pennsylvania Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JUN 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 16 year 1947 hour 3 minute 10 A.M.
21. I hereby certify that I attended the deceased from May 10, 1947 to June 16, 1947 that I last saw h. alive on June 15, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	8 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Senility	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Roland A. Koeb (M. D. or other) D
Address 3930 California Ave. Date signed June 16, 1947
(Licensed Embalmer's Statement on Reverse Side) ROLAND A. KOEB

Jefferson City Printing Co.

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

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.