

No. 2
4-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42790

FILED JAN 7 1948

State File No. _____

Registration District No. 376

Primary Registration District No. 6070

Registrar's No. 433

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Rural (Liberty Township)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1/4 mi. south of Knoblick
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 60 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Rural (Liberty Township)
(If outside city or town limits, write "RURAL")
(d) Street No. 1/4 mi. So. of Knoblick
(If rural, give location)
(e) Citizen of foreign country? - No - (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Silas Ferguson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (b) Name of husband or wife Dollie Ferguson 6. (a) Single, widowed, married, divorced married

7. Birth date of deceased March 22, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 9 6 hr. _____ min.

9. Birthplace: St. Francois County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Francis Marion Ferguson

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

14. Maiden name Eliza Jane LaBratt

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

16. (a) Informant: Robert B. Ferguson

(b) Address Womack, Missouri

17. (a) Burial (b) Date thereof 12-29-47
(Burial, cremation, or otherwise) (Month) (Day) (Year)

(c) Place: burial or cremation Crossroads Cemetery

18. (a) Signature of funeral director Webb-Adams Co.

(b) Address Federicktown, Mo.

19. (a) 1-2-48 (b) Esther Rindloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
year 1947 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from Dec 1
1947, to Dec 28, 1947

that I last saw him alive on Dec 24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to acute nephritis Duration 3 days

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

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)
(c) Means of injury _____

23. Signature L. M. Stauffer (M., D., or other) _____
Address Hamington Mo Date signed 1/2/48

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

Health Officer No. 4
Number 148-2
1-6-48

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.....

Edward G. Lehmann, Jr., Registered Apprentice No. 81,
working under my personal supervision.

Signed L. Taylor Adamson

Licensed Embalmer No. 4351

P. O. Address Fredericktown, 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.