

FILED APR 29 1948  
Registration District No. \_\_\_\_\_

Primary Registration District No. **3003**

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Butterfield Monett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(If not in hospital or institution, write street number, or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Most of his life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Butterfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 13  
year 1948 hour 10:30 minute A.M.

21. I hereby certify that I attended the deceased from 2 1948 to \_\_\_\_\_ 1948;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Apparently a Heart Attack  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature J.P. Buchanan  
Address Monett Mo Date signed 4-19-48

3. (a) PRINT FULL NAME Thomas Ferguson

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

4. Sex Male 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 May 25 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 10 18 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
12. Name William Ferguson

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

14. Maiden name Mary Bayless  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Ray Dingler  
(b) Address Cassville, Missouri

17. (a) Burial (b) Date thereof 4-15-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Church Cemetery  
Culver Funeral Home

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Cassville, Missouri

19. (a) 4-23-48 (b) W. M. West  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6;

District File Number 448-549

Date Filed APR 28 1948

AUG 28 1957

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.....

*Paul D. Henbest*

Registered Apprentice No. 54

working under my personal supervision.

Signed *Margaret Culver*

Licensed Embalmer No. 4389

P. O. Address Cassville

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.