S. No. 300
M—10-47
v. 5-17-39
P I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12145

Registration District No. _____ Primary Registration District No. 2000 Registrar's No. 327

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O'Reilly VA Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 72 Days (Specify whether years, months or days)
In this community Same

2. USUAL RESIDENCE OF DEACESED:
(a) State Oklahoma (b) County Oklahoma
(c) City or town Oklahoma City (If outside city or town limits, write "RURAL")
(d) Street No. 524 N. W. 12th (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Oscar M. Ferguson
3. (b) If veteran, name war World War II
3. (c) Social Security No. Unknown
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 28 1897 (Month) (Day) (Year)
8. AGE: Years 50 Months 10 Days 18 If less than one day hr. min.
9. Birthplace Weatherford (City, town, or county) Texas (State or foreign country)
10. Usual occupation Unknown
11. Industry or business Unknown
MOTHER FATHER
12. Name Milt Ferguson
13. Birthplace (City, town, or county) Missouri (State or foreign country)
14. Maiden name Nancy E. Glover
15. Birthplace (City, town, or county) Texas (State or foreign country)
16. (a) Informant VA Records
(b) Address Springfield, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oklahoma City Okla
18. (a) Signature of funeral director Common Schaff Funeral Home
(b) Address Springfield Mo
19. (a) 4-16-48 (Date received local registrar) (b) W. E. Hundley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1948 hour 3 minute 15 A. M.
21. I hereby certify that I attended the deceased from February 4, 1948, to April 15, 1948, that I last saw him alive on April 15, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Malignancy, Undifferentiated, first portion of jejunum with metastases to the brain, lungs, ~~mex~~ adrenals and mesentery. — Duration

Due to

Other conditions Tuberculosis, pulmonary, bilateral, moderately advanced. (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same as above

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? (b) Cause of injury
23. Signature A. J. Bondurant, M.D. (M. D. or other)
Address O'Reilly VA Hospital Date signed 4/15/48

(Licensed Embalmer's Statement on Reverse Side)

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 Lewis G. Scharff

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.