

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6690**  
Registrar's No. **62**

FILED MAR 19 1945  
Registration District No. **2285**

Primary Registration District No. **5797**

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

1. PLACE OF DEATH:

(a) County **Moniteau**

(b) City or town **Fortuna** *W. Illinois Fortuna*

(c) Name of hospital or institution: **None**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **-----** (Specify whether)

In this community **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau 68**

(c) City or town **Fortuna** (If outside city or town limits, write "RURAL") **0**

(d) Street No. (If rural, give location) **0**

(e) Citizen of foreign country? **No** (Yes or No) **0**

If yes, name country **Native**

3. (a) PRINT FULL NAME **JESSE L. FERGUSON**

3. (b) If veteran, name was **World War #1** 3. (c) Social Security No. **491-24-1324**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary Frances Ferguson** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **June 6 1886**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>58</b>	<b>8</b>	<b>11</b>	hr. min.

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

10. Usual occupation **Broom Maker**

11. Industry or business **Making Brooms**

12. Name **Cyrus Ferguson**

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

14. Maiden name **Rhoda Mc Nett**

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

16. (a) Informant **P.A. Ferguson**

(b) Address **Fortuna Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2-20-1945**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Moreau Cemetery**

18. (a) Signature of funeral director *Jessie E. Richard*

(b) Address *Fortuna Mo*

19. (a) **Feb. 20-1945** (Date received local registrar) *Mrs. Sena Ferguson* (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **17th.** year **1945** hour **about 5:00 PM** minute M.

21. I hereby certify that I attended the deceased from *home* 19 to 19; that I last saw him alive on *about two ago* 19; and that death occurred on the date and hour stated above.

Immediate cause of death. *1640*

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy.

Duration

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) *Suicide Shotgun*

(b) Date of occurrence *2-12-45*

(c) Where did injury occur? *his barn, Fortuna Mo*  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? *Barn*

While at work? *no* (Specify type of place) (e) Means of injury *Shotgun*

23. Signature *J.P. Linton M.D.* (M. D. or other) *Corner*

Address *Fortuna Mo.* Date signed *2/20/45*

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

MAR 20 1945

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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

James E. Richards

Licensed Embalmer No. 2466

P. O. Address: Septon 2200

**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.