

FILED JUN 20 1947

Registration District No. 297

Primary Registration District No. 6022

Registrar's No. 63

1. PLACE OF DEATH:

(a) County... Ray
(b) City or town... Rural Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 mile South of Richmond #413
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
In this community... 1 1/2 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo. (b) County... Ray 89
(c) City or town... Rural
(If outside city or town limits, write "RURAL")
(d) Street No... R.F.D. #1 - South of Richmond
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME... MAKDON W. FERUSON

3. (b) If veteran, name war... World War #
3. (c) Social Security No... 207-65-5471

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

6. (b) Name of husband or wife... Pauline Guld
6. (c) Age of husband or wife if alive... 25 years

7. Birth date of deceased... March 14, 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 1 27 hr. min.

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

10. Usual occupation... Laborer

11. Industry or business... Pilling Station

12. Name... Robert M. Ferguson 9

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

14. Maiden name... Edna (Richmond)

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

16. (a) Informant... Mrs. Pauline Ferguson

(b) Address... Richmond, Mo.

17. (a) Burial (b) Date thereof... 6/17/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Spring Grove Richmond

18. (a) Signature of funeral director... Frank H. F. H.

(b) Address... Richmond Mo.

19. (a) June 14, 1947 (b) mauljackson
(Date received local registrar) (Registrar's signature) 973

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... June day... 11
year... 1947 hour... 6:15 minute... A M.

21. I hereby certify that I attended the deceased from...
... 19... to... 19...
that I last saw h... alive on... 19...
and that death occurred on the date and hour stated above.

Immediate cause of death... External injuries Duration
He was riding a motor cycle
driving fast, came over a hill
Due to taking a car a short distance
met a car coming from opposite
direction, he attempted to stop
slow down, brakes locked, he
was thrown from motor
cycle into approaching car

Other conditions... (Include pregnancy within months of death)
Major findings: Death occurred in few minutes
Of operations...
Of autopsy... 1906 D

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify)... accident of

(b) Date of occurrence... June 11, 1947

(c) Where did injury occur? Richmond Ray Mo
(City or town) (County) (State)

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

While at work... going (Specify type of place) (e) Means of injury

23. Signature... J. T. Barber, M.D., coroner 3
(M.D. or other)

Address... Richmond Mo Date signed... 6-13-47

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date ~~Feb~~ 6-27-47

SEP 3 1947

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 George Hill

Licensed Embalmer No. 4866

P. O. Address Richmond, Va.

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.