

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D AUG 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24422
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 391
 (b) Township Jackson Primary Registration District No. 1002 Registered No. 2927
 (c) City Jackson (d) Street No. Jackson St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Oliver Rublee

(a) Residence, No. 403 E 26th St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-4-1865
 7. AGE YEARS 73 MONTHS 4 DAYS 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson

FATHER 13. NAME John Wells
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER 15. MAIDEN NAME Susan Stephenson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson

17. INFORMANT (ADDRESS) McClure

18. BURIAL, CREMATION, OR REMOVAL Interred in Hill
 DATE July 19 1938

19. FUNERAL DIRECTOR (NAME) King McClure
 (ADDRESS) 3255 E. Plaza Jackson

20. FILED July 20, 1938 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-17 1938 to 7-19 1938
 I last saw her alive on 7-19 1938. Death is said to have occurred on the date stated above, at 4:45 PM
 The principal cause of death and related causes of importance were as follows:

Chronic Cholecystitis with Cholelithiasis
176
 Other contributory causes of importance:
Pulmonary Edema
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) P. A. De Maria M. D.
 (Address) Jackson

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.