

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

35604
 Do not use this space.
 1010

NOV 20 1939

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 86
 (b) Township St. Joseph Primary Registration District No. 5127 Registered No. 1010
 (c) City St. Joseph (d) Street No. Route # 6, Kirschners Add. 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 Ruth Mildred Standfield

(a) Residence, No. _____ St. Fort Mead, South Dakota
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rufus A. Standfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1897

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	42	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife

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) Mount Pleasant (STATE OR COUNTRY) Iowa /

FATHER

13. NAME Joseph E. Stout /

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Indiana /

MOTHER

15. MAIDEN NAME Bertha Eldridge

16. BIRTHPLACE (CITY OR TOWN) Mt. Pleasant (STATE OR COUNTRY) Iowa.

17. INFORMANT Glen Stout (ADDRESS) Route # 6, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE L.O.O.F. Cem DATE Sept 6, 1939

19. FUNERAL DIRECTOR (NAME) Clark Mortuary (ADDRESS) 5025 King Hill Ave. St. Joseph, Mo.

20. FILED 1016 1939 H. Woodruff Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1939, to Oct 3, 1939
 I last saw her alive on Oct 3, 1939. Death is said to have occurred on the date stated above, at 11:50a m.
 The principal cause of death and related causes of importance were as follows:
Tuberculosis of the lungs
 Date of onset 2 1/2 years probably 2 years

Other contributory causes of importance: Influenza 1939 Sept 20

Name of operation microsizing Date of ✓
 What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? ✓ Date of injury ✓, 1939
 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? No
 If so, specify ✓
 O. (Signed) H. A. Robertson, M. D.
85 (Address) St. Joseph, Mo.

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.

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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, ~~xxxx~~ Oct. 3, 1939

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Earl A. Clark*.....

Licensed Embalmer No. 3476.....

P. O. Address St. Joseph, 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, above space should be left blank.