

FILED APR 18 1940

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

11886

Do not use this space.

## 1. PLACE OF DEATH

(a) County Nodaway Registration District No. 626'  
 (b) Township..... Primary Registration District No. 8031 Registered No. 27  
 (c) City Maryville (d) Street No. St. Francis Hospital 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. da.

## 2. PRINT FULL NAME

Ruth Tiffany Bainum  
 (a) Residence, No. 7 mi. north east of Maryville 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 7. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Harvey Bainum  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
59 6 25

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) (STATE OR COUNTRY) Indiana Pa.

FATHER 13. NAME Bentley B. Tiffany

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

MOTHER 15. MAIDEN NAME Josephine Moulten

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

17. INFORMANT (ADDRESS) Will Bainum Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Mar 25, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Price Funeral Home Maryville Mo.

20. FILED 3-25 19 40 Mamie E. Clardy Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1939 to Mar 23, 1940  
 I last saw him alive on Mar 23, 1940 Death is said to have occurred on the date stated above, at 8:15 p.m.  
 The principal cause of death and related causes of importance were as follows:

Myocardial degeneration  
Chronic Pancreatic  
matous Nephritis  
 Date of onset

Other contributory causes of importance: 181

Name of operation..... Date of.....  
 What test confirmed diagnosis? Laboratory 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....., 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) A. M. Hallis Jr. M. D.  
 (Address) Maryville Mo.

RECEIVED

District Health Officer No. 11,

District File Number

Date Filed

246-128  
APR 16 1940

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

*John W. Price*

Licensed Embalmer No. *3229*

P. O. Address

*Maryville 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.