

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4257**

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County \_\_\_\_\_  
(c) City or town LEBANON N.R.  
(If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

8. (a) PRINT FULL NAME RUBY MARY FIELD 430

20. DATE OF DEATH: Month May day 13  
year 1940 hour 7 minute 20 A. M.

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security Number Unknown

21. I hereby certify that I attended the deceased from MAY 8, 1940, to MAY 13, 1940;  
that I last saw her alive on MAY 13, 1940;  
and that death occurred on the date and hour stated above.

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

Immediate cause of death BRAIN ABSCESS (Metastatic)

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Due to LUNG ABSCESS Primary cause unknown

7. Birth date of deceased Jan (Month) 2 (Day) 1906 (Year)

Due to \_\_\_\_\_

8. AGE: Years 24 Months H Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions: \_\_\_\_\_ (Include pregnancy within 5 months of death)

9. Birthplace Henderson Ark. (City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_ Of operations \_\_\_\_\_

10. Usual occupation Machine operator on pants factory

Of autopsy \_\_\_\_\_

11. Industry or business Mfg. of pants Lebanon Mo.

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

12. Name R. H. Field

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

14. Maiden name Maud Moulden

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

16. (a) Informant R. H. Field (b) Address Mountain Home Ark.

17. (a) Removal (b) Date thereof May 15/40 (Month) (Day) (Year)  
(c) Place: burial or cremation Mountain Home Ark.

18. (a) Signature of funeral director W. G. Understich  
(b) Address 1168 Washington St.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. Anderson (M. D. or other) M.D.  
Address BARNES HOSPITAL Date signed 5-13-40

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

**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 Philip M. Craig

Licensed Embalmer No. 3287

P. O. Address 446 Washington

**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.**