J. R. Kuhn

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32714

Registration District No. 1046 Primary Registration District No. 5810 Registrar's No.

1. PLACE OF DEATH:
(a) County Newton Co
(b) City or town Sagamount Inn (If outside city or town limits, write "RURAL" and name of township) Shoalcreek
(c) Name of hospital or institution: R. R. Joplin (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days) In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Newton
(c) City or town Joplin Mo (If outside city or town limits, write "RURAL")
(d) Street No. Sagamount Inn (If rural, give location) R. R. - Joplin
(e) If foreign born, how long in U. S. A. years.

3. (a) PRINT FULL NAME Ruth Virginia Woodbury
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harold H
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Sept 11 (Month) 18 (Day) 93 (Year)

8. AGE: Years 47 Months 0 Days 10 If less than one day hr. min.

9. Birthplace Joplin Mo (City, town, or county) (State or foreign country) 0
10. Usual occupation House wife 1
11. Industry or business 1
MOTHER FATHER
12. Name J. Frank Walker
13. Birthplace Sumner Ill (City, town, or county) (State or foreign country)
14. Maiden name Hattie Nimo
15. Birthplace Iowa (City, town, or county) (State or foreign country)
16. (a) Informant Harold H. Woodbury
(b) Address Sagamount Inn Joplin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington K C Mo
18. (a) Signature of funeral director Thomas H. Dillon
(b) Address 4th & Wall Joplin
19. (a) 9-22-40 (Date received local registrar) (b) Ed D Jenny (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21 year 1940 hour 4 minute 45 P M.

21. I hereby certify that I attended the deceased from June 1, 1940 to Sep 21, 1940 that I last saw her alive on Sep 21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of Lungs — 2 yrs.
Due to Carcinoma of left Breast
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 47
Of autopsy No.

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

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

23. Signature J. R. Kuhn Jr. M.D. (M. D. coroner)
Address Joplin Date signed 9-22-40

(Licensed Embalmer's Statement on Reverse Side)

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

2
10-39
-39
K21492

RECEIVED
District Health Officer No. 6,
District File Number 1040-2667
Date Filed OCT 8 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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.