

NOV 25 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **86620**

Registration District No. **875**

Primary Registration District No. **6162**

Registrar's No. **246**

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

1. PLACE OF DEATH:

(a) County: **VERNON**
(b) City or town: **Rural Washington**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Nebraska State Hospital #3**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3**
(Specify whether years, months or days) **3 yrs. 10 mo. 27 days**

8. (a) PRINT FULL NAME: **Ruth Main**

3. (b) If veteran, name war: **No** 3. (c) Social Security No.: **NONE**

4. Sex: **F** 5. Color or race: **W.** 6. (a) Single, widowed, married, divorced: **Separated**

6. (b) Name of husband or wife: **UNKNOWN** 6. (c) Age of husband or wife if alive: **UNKNOWN** years

7. Birth date of deceased: **Nov. 28 1898**
(Month) (Day) (Year)

8. AGE: Years **41** Months **10** Days **5** If less than one day hr. min.

9. Birthplace: **Ar. Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Housewife**

11. Industry or business: **?**

12. Name: **James Buchaver**

13. Birthplace: **UNKNOWN**
(City, town, or county) (State or foreign country)

14. Maiden name: **UNKNOWN**

15. Birthplace: **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Hosp. Records**

(b) Address: **Neosho Mo**

17. (a) **Burial** (b) Date thereof: **10-5-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **State Hosp #3 cemetery**

18. (a) Signature of funeral director: **Ferry Funeral Home**
(b) Address: **Neosho, Mo**

19. (a) **Oct 5 1940** (b) **Allen O. Hays**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Mo** (b) County: **Bates**
(c) City or town: **Rich Hill**
(If outside city or town limits, write "RURAL")
(d) Street No.: **None**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **3**
year **1940** hour **9 05** minute **P** M.

21. I hereby certify that I attended the deceased from **Nov 6 1936**
_____, 19____, to **Oct 3 1940**, 19____;
that I last saw her alive on **Oct 3 1940**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Status Epilepticus** Duration: **3 days**

Due to: **UNKNOWN** 45

Due to: _____
Other conditions: **Massive collapse lung** 3 days
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: **NONE**
Of operations: **NONE**
Of autopsy: **NONE**
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?
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While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature: **Dr. Kavanagh** (M. D. or other) _____
Address: **State Hosp #3 Neosho Mo** Date signed: **10-4-40**

RECEIVED

District Health Officer No. 7,

District File Number 11-40-1514

Date Filed 11-4-40

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

Signed Lloyd R. Wimsatt

Licensed Embalmer No. 3857

P. O. Address Nevada, 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.