

JAN 15 1940

Registration District No. **5423**

Primary Registration District No. **305**

Registrar's No. **33**

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

1. PLACE OF DEATH:

(a) County **GASCONADE**
 (b) City or town **RURAL BRUSH CREEK TWP**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
ON ROAD 8 MI SOUTH OF OWENSVILLE
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
(Specify whether)
 In this community **10 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **GASCONADE**
 (c) City or town **OWENSVILLE**
(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.

3. (a) PRINT FULL NAME **RUBY AILEEN GIEDENHAGEN**

8. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **LEWIS GIEDENHAGEN** 6. (c) Age of husband or wife if alive **25** years

7. Birth date of deceased **JULY 20 1915**
(Month) (Day) (Year)

8. AGE: Years **25** Months **4** Days **13** If less than one day _____ hr. _____ min.

9. Birthplace **Springfield, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **SCHOOL TEACHER**

11. Industry or business _____

12. Name **GEORGE CRAIG**

13. Birthplace **GREEN COUNTY**
(City, town, or county) (State or foreign country)

14. Maiden name **KATIE BRYAN**

15. Birthplace **CHRISTIAN CO. MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **LEWIS GIEDENHAGEN**

(b) Address **OWENSVILLE Mo.**

17. (a) **BURIAL** (b) Date thereof **12-5-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OWENSVILLE CITY CEM.**
(Specify type of place)

18. (a) Signature of funeral director **W. F. Gattenbacher**

(b) Address **Owensville**

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC.** day **3**
 year **1940** hour **8** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **Coroner's Investigation** to _____ 19____; that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death **due to car turning over, causing broken neck and fractured skull. No other car was involved.**
 Due to _____
 Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy: **None**

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

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **Dec. 3-1940**

(c) Where did injury occur? **8 mi. S. of Owensville**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Gasconade Co. Mo.**
(Specify type of place)

While at work? **going to work** (e) Means of injury **Car**

23. Signature **Blair M. Purge** (M. D. or other) _____

Address **Blair Mo.** Date signed **12-3-40**

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAY 14 1946

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 *Me*

....., Registered Apprentice No.

working under my personal supervision.

Signed *Melford H. H. Winta*

Licensed Embalmer No. *3838*

P. O. Address *Queneville 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42468

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 305-

Primary Registration District No. 3423

Registrar's No. 33

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

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Bush Creek, T.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: "

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Owensville
(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.

3. (a) PRINT FULL NAME

Ruby Aileen Kiedenhagen

(b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced w
6. (b) Name of husband or wife _____
6. (c) Age of husband, or wife, if alive _____ years
7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
25 4 13 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address Owensville, Mo.

(c) (a) 12-9-41 (b) Dr. J.S. Barnes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec day 7
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
_____ 19 _____ to _____ 19 _____
that I last saw him _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 C. H. Barnes (M. D. or other) _____

Address Bland, Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

10/13

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42468

Registration District No. 305

Primary Registration District No. 5423

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Brush Creek Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

3. (a) PRINT FULL NAME Ruby Aileen Giedenhagen
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 W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year _____ month _____ day

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 25 Months 4 Days 13 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace Green County Mo (City, town, or county) (State or foreign country)

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 12-9-40 (Date received local registrar) (b) R. S. Barnes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH Month Dec day 3 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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?

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

23. Signature C. J. Bunz (M. D. or other)

Address Beland Mo Date signed _____

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

SUPPLEMENTARY