

APR 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4689

Registration District No. 875

Primary Registration District No. 3039

State File No. _____

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 50 years
years, months or days

8. (a) PRINT FULL NAME Ruth Ann Maddux

8. (b) If veteran, name war _____
3. (c) Social Security No. 70

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

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

7. Birth date of deceased April 10 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 17
If less than one day: hr. _____ min. _____

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

10. Usual occupation Homekeeper

11. Industry or business _____

12. Name Ambrose J. Thomas

13. Birthplace Unknown / Ky
(City, town, or county) (State or foreign country)

14. Maiden name Jane Lester

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

16. (a) Informant Mrs. Vernon Grupp
(b) Address 1025 Sablay, Nevada

17. (a) Burial (b) Date thereof Jan 29 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moore's Cemetery

18. (a) Signature of funeral director Wayne Bunsal
(b) Address Nevada Mo.

19. (a) 1-27-41 (b) Allen V. Hoyle
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 1025 South Galay
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1941 hour 44 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 30
1940 to Jan. 27, 1941;
that I last saw her alive on Jan. 24, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Inanition

Due to Some defect in assimilation

Due to Following an attack of influenza

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? _____
(Specify type of place) (e) Means of injury _____

23. Signature J. Hoyle (M. D. or other) ✓

Address Nevada, Mo. Date signed 1/28/41

Duration 6 months
6/30/40
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 2-41-234

Date Filed 2-5-41

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 Allen V. Hays

Licensed Embalmer No. 1968

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.