

No. 2  
13-40  
17-39  
X

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 11 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26379

Registration District No. 836

Primary Registration District No. 6100

Registrar's No. 36-

1. PLACE OF DEATH: Stoddard E. B. Tump  
 (a) County \_\_\_\_\_  
 (b) City or town 2 mi N.E. Savalle Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: None  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
 In this community 6 months (Specify whether years, months or days)

3. (a) PRINT FULLNAME RUBY-TRAVIER  
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced 0  
 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years  
 7. Birth date of deceased November 21 1940  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
6 29 hr. min.

9. Birthplace Miss 1 State  
 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Ruby Oliver  
 13. Birthplace Miss 1 State  
 (City, town, or county) (State or foreign country)  
 14. Maiden name May Lee Zolcopper  
 15. Birthplace Miss 1 State  
 (City, town, or county) (State or foreign country)

16. (a) Informant Cora Zolcopper  
 (b) Address Savalle Mo

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

(c) Place: burial or cremation Catons Mo

18. (a) Signature of funeral director Watkins  
 (b) Address Garnes Mo

19. (a) 7-17-41 (b) D. D. Stambaugh  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Stoddard  
 (c) City or town Savalle Mo Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2 mi N.E. Savalle Mo  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? Native of U.S. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17  
 year 1941 hour 3 minute 30 A. M.  
 21. I hereby certify that I attended the deceased from June 15 1941 to June 17 1941  
 that I last saw her alive on June 16 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Colitis  
 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 Geo W. Watkins (M. D. or other) 0  
 Address Prima Mo Date signed 4/17/41

075 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Office No. 2,  
District File Number 871-1027  
Date Filed 8-9-41

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, fact should be so stated above.**