V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1942

Registration District No. 240

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5546

State File No. 10935

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Arcadia Iron
(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 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 047 0

(c) City or town Arcadia 0
(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.? 0 years.

3. (a) PRINT FULL NAME Blanche Marie Ruble

3. (b) If veteran, name war "

3. (c) Social Security No. #

4. Sex fem. 1

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Oscar Ruble

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Feb. (Month) 26 (Day) 1897 (Year)

8. AGE: Years 45 Months 0 Days 17 If less than one day hr. min.

9. Birthplace Piedmont (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation house wife

11. Industry or business

FATHER
12. Name Flynn Dunnegan
13. Birthplace Des Arc (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Sallie Parks
15. Birthplace Piedmont (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Oscar Ruble
(b) Address Arcadia Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-17-42 (Month) (Day) (Year)
(c) Place: burial or cremation Piedmont Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address R. J. White Ironton Mo.

19. (a) 3-16-42 (Date received local registrar) (b) Virginia R. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1942 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb. 13, 1942, to March 13, 1942, that I last saw her alive on March 13, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

107

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)
While at work? (e) Means of injury 0

23. Signature Ben M. Bull (M. D. or other) M. D.
Address Ironton, Mo. Date signed 3-14-42

1289

(Licensed Embalmer's Statement on Reverse Side)

APR 17 1942

RECEIVED
District Health Officer No. 4
District File Number 442-42
Date Filed 4-13-42

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 Ernest J. White

Licensed Embalmer No. 3012

P. O. Address Scottsville

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.