

S. No. 2
A-1-4-41
v. 5-17-39
X26390

13624

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 2 1942

3002

Registrar's No. 68

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(e) County Andrew
(f) City or town Mexico MO.
(If outside city or town limits, write "RURAL" and name of township)
(g) Name of hospital or institution: Andrew Co. Hospital
(If not in hospital or institution, write street number or location)
(h) Length of stay: In hospital or institution about 16 hours
(Specify whether
In this community in this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Andrew
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 124 1/2 Pleasant St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1942 hour 3 minute 30 am.
21. I hereby certify that I attended the deceased from
H-10 1942 to H-19 1942
that I last saw her alive on H-18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus
coma Duration years

Due to _____
Due to _____

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

Major findings: 61
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 0
23. Signature R. S. Williams M. D. or other M.D.
Address Mexico MO Date signed 4-20-42

3. (a) PRINT FULL NAME MRS. RUTH CREWS-WOODRUFF

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

4. SEX FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

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

7. Birth date of deceased Sept 25 1991
(Month) (Day) (Year)

8. AGE: Years 50 Months 6 Days 24
If less than one day hr. _____ min. _____

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

10. Usual occupation Retired City

11. Industry or business _____

12. Name John P. Crews

13. Birthplace Callaway Co. MO.
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Ann Johnson

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

16. (a) Informant John P. Crews
(b) Address Mexico MO.

17. (a) Burial (b) Date thereof Apr 21-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stouffville MO.
18. (a) Signature of funeral director W. H. ...
(b) Address Mexico MO.
19. (a) Apr 21-1942 (b) Margaret H. Mackie
(Date received local registrar) (Registrar's signature)

1894

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 5-42-911

Date Filed MAY - 7 1942

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

Ray A. McPherson

Licensed Embalmer No. 1133

P. O. Address Meigs, Md.

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.