. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15715

State File No.

[redacted] 16 1942

Registration District No. 1716

Primary Registration District No. 3038

Registrar's No. 77

1. PLACE OF DEATH

(a) County Saline

(b) City or town Marshall (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 168 South Jefferson (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community All her life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall (If outside city or town limits, write "RURAL")

(d) Street No. 168 South Jefferson (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ruth Alma Jolliffe

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race Wh

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

6. (b) Name of husband or wife Wm W. Jolliffe

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

7. Birth date of deceased Feb. (Month) 26 (Day) 1866 (Year)

8. AGE: Years 76 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business ✓

FATHER
12. Name John Dial
13. Birthplace Pettis Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Ellen Rawler
15. Birthplace Pettis Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant C. W. Jolliffe

(b) Address Marshall Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 1 (Day) 1942 (Year)

(c) Place: burial or cremation Sedalia Mo

18. (a) Signature of funeral director Campbell-Lewis

(b) Address Marshall Mo.

19. (a) 4/29/42 (Date received local registrar) (b) Mrs T. O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th year 1942 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Apr 5, 1942 to Apr 28, 1942 that I last saw her alive on Apr 28, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronch Pneumonia	8 Days
Due to Fracture Femur	4 Days
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) Fracture Hip

(b) Date of occurrence Apr 5 4 1942

(c) Where did injury occur? Home Marshall (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

23. Signature [signature] (M. D. or other)

Address Marshall Date signed 4/29/42

1213 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 5-15-42

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 R. W. Campbell

Licensed Embalmer No. 3469

P. O. Address Marshall, 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, fact should be so stated above.