

No. 2
4-13-40
5-17-39
PI X23159

FILED JUN 12 1942

Registration District No. **238** Primary Registration District No. **5326** Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Dade

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

(c) Name of hospital or institution: Rural Cedar Township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether _____)

In this community 20Yrs
years, months or days

3. (a) PRINT FULL NAME Ruby Lunette Engelage

3. (b) If veteran, name war _____

3. (c) Social Security No. No

4. Sex female 5. Color or race White

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

6. (b) Name of husband or wife Leonard Engelage

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

7. Birth date of deceased October 24 16 1904
(Month) (Day) (Year)

8. AGE: Years 37 Months 6 Days 26
If less than one day _____ hr. _____ min.

9. Birthplace Daddeville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name David E. Vaughn

13. Birthplace Greensfield, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Hampton

15. Birthplace Daddeville, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ester H. Vaughn

(b) Address Daddeville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13-1942
(Month) (Day) (Year)

(c) Place: burial or cremation Lockwood, Cemetery

18. (a) Signature of funeral director R. L. Hamrell

(b) Address Lockwood, Missouri

19. (a) May 11, 1942 (Date received local registrar) (b) Renner M. Coined (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dade

(c) City or town Rural
(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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1942 hour 7 minute a M.

21. I hereby certify that I attended the deceased from May 5, 1942, to May 10, 1942
that I last saw her alive on May 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Septic embolism

Due to _____

Due to _____

Other conditions Scarlet fever
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____

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 Chas R Boone (M. D. or other) M.D.
Address Golden City, Mo Date signed 5/14/42

RECEIVED

District Health Officer No. 6,

District File Number 642-832

Date Filed JUN 11 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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed R. L. Hauschild

Licensed Embalmer No. 3934

P. O. Address Lockwood 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.