

24519

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

AUG 14 1942  
Registration District No. 417

Primary Registration District No. 5559C

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Mountain  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jasper Co. TBC Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 hrs  
(Specify whether

In this community  
years, months or days

3. (a) PRINT  
FULL NAME

Ruth L. Adairson

3. (b) If veteran,

name war

no

3. (c) Social Security

No.

None

4. Sex

Female

5. Color or

race Wh

6. (a) Single, widowed, married,

Divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive

years

7. Birth date of deceased

May 23 1922

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

20

1

24

hr. min.

9. Birthplace

Hestboro Mo

(City, town, or county)

(State or foreign country)

10. Usual occupation

Student

11. Industry or business

Drs M. Adairson

13. Birthplace

Jorra

(State or foreign country)

14. Maiden name

Lulu Grand

15. Birthplace

Ma

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

Burial

(b) Date thereof

7/18/42

(c) Place: burial or cremation

Rock Port, Mo. Cem.

18. (a) Signature of funeral director

Bentham Funeral Home

(b) Address

Rock Port, Mo.

19. (a)

July 17, 1942

(b) Registrar's signature

Mrs. Lillie Eagle

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison  
(c) City or town Rock Port  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16  
year 1942 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from Apr 20 1942, to July 16 1942  
that I last saw her alive on July 16 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Tuberculosis

Due to

Due to

Other conditions

(include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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

John E. Douglas

(M. D. or other)

Address

Atch City Mo

Date signed 7/17/42

42-7-661

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.