

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27257

FILED SEP 15 1942 41

State File No. 82  
Registrar's No.

Registration District No.

Primary Registration District No. 5551

1. PLACE OF DEATH:

(a) County Hopewell  
(b) City or town West Plains (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Hopewell Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether)  
In this community years, months or days

3. (a) PRINT FULL NAME Ruby Jane Abney

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 Infant

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

7. Birth date of deceased August 14 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
9hrs. 9 hr. min.

9. Birthplace West Plains, Rural Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

12. Name Herchel Abney

13. Birthplace Texas County, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Walter Southern

15. Birthplace Fulton County, Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant Herchel Abney

(b) Address West Plains, Mo.

17. (a) Burial (b) Date thereof Aug. 15 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation On farm of Bert Abney

18. (a) Signature of funeral director Bert Abney

(b) Address West Plains, Mo.

19. (a) Aug. 8-15-42 (b) Miss L. L. Landon  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Hopewell  
(c) City or town West Plains Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14 year 1942 hour 7:20 PM minute 30 M.

21. I hereby certify that I attended the deceased from Aug 14 1942 to 12 PM Aug 14 1942 that I last saw him alive on Aug 14 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth Duration 9 hrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 J. M. Bingham (M. D. or other)

Address West Plains Mo. Date signed 8/15/42

RECEIVED

District Health Officer No. 5,

District File Number

Date Filed

942880

9, 14 - 42

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**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.**