

FILED SEP 15 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27585

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 175
(b) Township Springriver Primary Registration District No. 5839 56 50 Registered No. 101
(c) City Verona (d) Street No. Verona Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ruth Alta Werdein

(a) Residence, No. 322 Rinker Ave, Aurora Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charley Werdein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17-1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
37 2 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) Oklahoma /

FATHER 13. NAME W.W. Flanagan

14. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) Oklahoma /

MOTHER 15. MAIDEN NAME Cora Williams

16. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) Oklahoma /

17. INFORMANT Mr W.W. Flanagan
(ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Aurora Mo DATE Aug, 4 1942

19. FUNERAL DIRECTOR (NAME) J.F. King
(ADDRESS) Aurora Mo

20. FILED Aug 3 1942 Emmie Greene Verona
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1942

22. I HEREBY CERTIFY that I attended deceased from July 21, 1942, to Aug. 3, 1942
Last seen alive on Aug 3, 1942 Death is said to have occurred on the date stated above, at 11:05 a.m.

The principal cause of death and related causes of importance were as follows:

Anaemia

Date of onset

Other contributory causes of importance:

Toxemia

Name of operation Hysterectomy Date of 7-21-42
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify F. Avery Watson
(Signed) Verona, Missouri
(Address)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 942-1389

Date Filed SEP 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

Registered Apprentice No., working under my personal supervision.

Signed Herman Turridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 270-85
Registrar's No. _____

Registration District No. 175

Primary Registration District No. 5650

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: _____
(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 Ruth Alta Warden

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

4. Sex F 5. Color or race W 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 17 1942
(Month) (Day) (Year)

8. AGE: Years 37 Months 2 Days 0 (If less than one day) _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

{ 13. Birthplace _____ (City, town, or county) (State or foreign country)

{ 14. Maiden name _____ (City, town, or county) (State or foreign country)

{ 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death anaemia Duration _____

Due to _____

Due to _____

Other conditions Tolerin a 480
(Include pregnancy within 3 months of death)

Major findings: Fibroma of fundus, carcinoma of cervix, cholec

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

