

S. No. 2  
M-9-4-41  
Rev. 5-17-39  
X2946

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27962

State File No. ....

SEP 3 1942

Registration District No. 290

Primary Registration District No. 4430

Registrar's No. 90

85  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH *Pulaski*

(a) County *Pulaski*

(b) City or town *Proctor, Mo. 65050*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *Local*  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Pulaski*

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

(d) Street No. *Local*  
(If rural, give location)

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

3. (a) PRINT FULL NAME *MARYANN RUTH*

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Aug* day *24th*  
year *1942* hour *11* minute *30 A.M.*

4. Sex *F* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *Widow*

6. (b) Name of husband or wife *Mathew Ruth* 6. (c) Age of husband or wife if alive *50* years

7. Birth date of deceased: *Jun 22 1888*  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *Mar. 12*  
*1941* to *Aug. 24, 1942*  
that I last saw *her* alive on *Apr. 30, 1942*  
and that death occurred on the date and hour stated above.

8. AGE: Years *84* Months *7* Days *2* If less than one day  
hr. min.

Immediate cause of death: *Coronary Arteriosclerosis*  
Due to.....  
Due to.....

9. Birthplace *Hanscock Mo. 0*  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) *107*

10. Usual occupation *Housewife*

11. Industry or business

12. Name *Josiah Deeper*

13. Birthplace *Hanscock Mo. 0*  
(City, town, or county) (State or foreign country)

14. Maiden name *Mary Ballou*

15. Birthplace *Hanscock Mo. 0*  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: *none*  
Of operations.....  
Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant *Spencer Ruth*

(b) Address *Box 100, Proctor, Mo.*

17. (a) *Burial* (Burial, cremation, or removal) (b) Date thereof *8/24/42*  
(Month) (Day) (Year)

(c) Place: burial or cremation *Ball Cemetery*

18. (a) Signature of funeral director *R. Deeper*

(b) Address *Richland, Mo.*

19. (a) *Aug 24* (b) *Chas M. Dodd*  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) *no*

(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 *G. Waller* (M. D. or other)  
Address *Proctor Mo* Date signed *8-24-42*

1170

RECEIVED

Pulaski County Health Officer

File Number 9-42-178

Date Filed 9-2-42

**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.....

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.**