

FILED DEC 17 1942

Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **267**

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. Elizabeth Hospital  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)  
In this community 8 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Peoria  
(c) City or town Peoria  
(If outside city or town limits, write "RURAL")  
(d) Street No. 223 - 2nd St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME Ruby Englehardt

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 married  
6. (b) Name of husband or wife Ray Englehardt 6. (c) Age of husband or wife if alive 42 years  
7. Birth date of deceased April 12 1899  
(Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 17 If less than one day — hr. — min.

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

10. Usual occupation at home

11. Industry or business —

12. Name Rallie S. Lee

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

14. Maiden name Hefie Smith

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

16. (a) Informant Ray Englehardt

(b) Address 223 - 2nd St, Peoria, Ill.

17. (a) Burial (b) Date thereof Oct 31, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmyra Cemetery

18. (a) Signature of funeral director R. W. Connor

(b) Address 1022 Ashway, Hannibal, Mo.

19. (a) 10/30/42 (b) R. W. Connor  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29  
year 1942 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10-26, 1942, to 10-29, 1942;

that I last saw him ET alive on 10-29, 1942;

and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration —

Bronchial Pneumonia

Due to Carcinoma of stomach

Due to Generalized Metastasis

Other conditions H6 b  
(Include pregnancy within 3 months of death)

Major findings: —

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? —

While at work? (Specify type of place) (a) Means of injury —

23. Signature: B. L. Murphy (M. D. or R.N.)

Address Hannibal, Mo. Date signed 10-30-42

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

67  
3  
4

MOTHER FATHER

1146

---

---

**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 *Ray P. Schwartz*  
Licensed Embalmer No. *1765*

P. O. Address *1000 Blunway, Hamden, Ct.*

**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.**