

FILED MAY 12 1943

Registration District No. 132

Primary Registration District No. 4204

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Laredo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40
(c) City or town Laredo 1
(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 _____ 0

3. (a) PRINT FULL NAME RUBY CHARLOTTE ANDERSON

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 widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased November 7 1986
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 5 13 _____ hr. _____ min.

9. Birthplace Grundy co mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER { 11. Industry or business _____
12. Name Rubin S. Merryman
13. Birthplace Grundy co mo 0
(City, town or county) (State or foreign country)
14. Maiden name Charlotte Kilburn
15. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Joel Anderson
(b) Address Laredo, Mo.

17. (a) Burial (b) Date thereof 4-22-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Alpha Cemetery

18. (a) Signature of funeral director E. J. Roberts
(b) Address Laredo, Mo.

19. (a) 4-27-43 (b) E. J. Roberts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr, day 20, year 1943 hour 9-10 minute _____ P. M.

21. I hereby certify that I attended the deceased from Apr 1, 1943, to Apr 20, 1943 that I last saw her alive on Apr 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Uterine Carcinoma Duration 1 or 2 yrs

Due to _____

Due to _____

Other conditions _____ (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) (e) Means of injury 0

23. Signature D. J. Rooks (M. D. or other) _____
Address Laredo Mo Date signed 4-21-43

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

40
0
0

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 E. J. Robertson
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.