

5-17-39
X2699

FILED MAY 6 1943
Registration District No. 210

Primary Registration District No. 4322

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Missouri
(b) City or town Princeton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Orwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Meriwether
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. Rural Morgan Prop. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ruby M. Rogers

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased March 31 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Ired Rogers
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Parter
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Ired Rogers

(b) Address Princeton Mo

17. (a) Burial (b) Date thereof April 2-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harley

18. (a) Signature of funeral director Neil Moss

(b) Address Princeton Mo

19. (a) 4-4-43 (b) Jessie C. Kelly
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1943 hour one minute 50A.M.

21. I hereby certify that I attended the deceased from March 31
1943 to April 2, 1943;
that I last saw her alive on April 2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis Duration 2 da.

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? _____

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

23. Signature Byron J. Ostell (M. D. or other) Do

Address Princeton, Mo. Date signed 4-2-43

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

65
0

Do

4-2-43

9117

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.