. S. No. 2
M—9-4-41
5-17-39
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19269

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 10 1948

Registration District No. 341 Primary Registration District No. 6152a Registrar's No. 23

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

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Dexter (rural) Liberty Twp.
(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)

2. USUAL RESIDENCE OF DECEASED: 103

(a) State Missouri (b) County Stoddard 0

(c) City or town Dexter (Rural) 0
(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 Ruth Teachenor LaRue

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 Walter LaRue

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March (Month) 5 (Day) 1897 (Year)

8. AGE: Years 46 Months 2 Days 5 If less than one day hr. min.

9. Birthplace Stoddard Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Geo. Teachenor
13. Birthplace (City, town, or county) Ill. / (State or foreign country)

MOTHER
14. Maiden name Julia Combs
15. Birthplace (City, town, or county) Ill. / (State or foreign country)

16. (a) Informant Walter LaRue
(b) Address Dexter, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/43 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter, Mo.

18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo.

19. (a) May-14-43 (Date received local registrar) (b) Nora Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1943 hour 9 minute 0 p.m.

21. I hereby certify that I attended the deceased from April 6, 1943, to May 10, 1943, that I last saw her alive on May 6, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Paralysis

Due to Hypertension

Due to

Other conditions — (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration 1 1/2

83d

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 J. P. Brandon (M. D.)

Address Essex Mo. Date signed 5-24-48

1154

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 643-773
Date Filed 6-7-43

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 J. E. Strickland

Licensed Embalmer No. 3479

P. O. Address Dexter, 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, fact should be so stated above.