

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24283

State File No.

Registrar's No.

FILED AUG 9 1943

Registration District No. 32

Primary Registration District No. 512

1. PLACE OF DEATH:

(a) County Bollinger  
(b) City or town Rural  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ruth Rachael Davault

3. (b) If veteran, name war. No. 3. (c) Social Security No.  
4. Sex F male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife George Davault 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased December 18 1871  
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 17 If less than one day hr. min.

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

10. Usual occupation house wife

11. Industry or business

12. Name Martin Aldrich  
13. Birthplace New York State  
(City, town, or county) (State or foreign country)  
14. Maiden name Betsy L. Scisson  
15. Birthplace New York State  
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl A. Barks  
(b) Address Scopus, Route # 1.

17. (a) Burial (b) Date thereof July 6, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cross roads Cemetery

18. (a) Signature of funeral director John E. Smith  
(b) Address Lutesville, Missouri

19. (a) July 6, 1943 (b) Mrs. Emma Graham  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7 miles North of Lutesville, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1943 hour 11:00 minute A.

21. I hereby certify that I attended the deceased from 1/3/42 to 7/2/43, 19\_\_\_\_, that I last saw h. ET alive on 7/2/43 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation

Due to Arteriosclerosis

Due to 12481

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) Means of injury

23. Signature John E. Smith Date signed 7/6/43  
Address Scopus, Route # 1.

RECEIVED

District Health Officer No. 4  
District File Number 843-2535  
Date Filed 8-7-43

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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.....

.....  
working under my personal supervision.

Signed.....

Registered Apprentice No.....

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.