

S. No. 2
1-14-41
1-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24940

Registrar's No. 555

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

FILED JUL 24 1943
Registration District No. 738

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County SPRINGFIELD

(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
222 1/2 W. COMMERCIAL ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 20 YR. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE

(c) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL")

(d) Street No. 222 1/2 E. COMMERCIAL
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME RUTH ALICE DENTON

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife Unk.

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

7. Birth date of deceased July 17 18 63
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 22 If less than one day hr. min.

9. Birthplace Unk. TENN
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business IN HOME

MOTHER FATHER { 12. Name JAMES G. CLICK

13. Birthplace Unk. TENN
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH GORMAN

15. Birthplace Unk. TENN.
(City, town, or county) (State or foreign country)

16. (a) Informant Phoebe Click

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof July 11-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cem.

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address Springfield, Mo.

19. (a) 7-10-43 (b) J. W. Haulley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1943 hour 8:00 minute — A. M.

21. I hereby certify that I attended the deceased from June 28, 1943, to July - 9 -, 1943 that I last saw her alive on June 28, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Heart Condition (valvular)

Due to Senility

Due to 92h

Other conditions none
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: none

Of operations _____

Of autopsy and

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? none
(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 _____

23. Signature J. Freeman (M.D. or other) _____

Address Springfield, Mo. Date signed 8/19/43

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.....

Licensed Embalmer No. *4071*

P. O. Address *Springfield*

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.

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