

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32708

FILED SEP 17 1943
Registration District No. 33

Primary Registration District No. 3074

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(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) 1
(d) Length of stay: In hospital or institution (Specify whether)
In this community About all of her life
years, months or days

3. (a) PRINT
FULL NAME

Ara Mason Ables

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 Lon Ables
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 22, 1905
(Month) (Day) (Year)

8. AGE: Years 38 Months 1 Days 6
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business
12. Name Charles Mason
13. Birthplace Scott Co. Mo
(City, town, or county) (State or foreign country)
14. Maiden name Ida Joyce
15. Birthplace Scott Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Husband
(b) Address Sikeston Mo
17. (a) Burial (b) Date thereof 7-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marley Cemetery
18. (a) Signature of funeral director Orville Taylor
(b) Address Sikeston Mo
19. (a) 8-28-43 (b) Louis Mergent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100
(c) City or town Sikeston 5
(If outside city or town limits, write "RURAL") 2
(d) Street No. Ruth Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country N

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1943 hour 6P minute 5P M.

21. I hereby certify that I attended the deceased from 1935 to 1943
that I last saw her alive on 7-12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of right hip joint. R. spinal spine
Due to

Due to 1940

Other conditions (Include pregnancy within 3 months of death)
Amputated lateral pelvis
Major findings: Of operations 17

Of autopsy 17

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
23. Signature Thos. C. M. Cleveland (M. D. or other)
Address Sikeston Mo Date signed 8-25-43

131 R.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 943-1164

Date Filed 9-13-43

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. 13474

P. O. Address Poplar Bluff

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.