

FILED FEB 7 1944
Registration District No. _____

Primary Registration District No. 5027

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Audwin
(b) City or town Rural Salt River Township
(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

8. (a) PRINT FULL NAME Ruth McBurse Hearty
8. (b) If veteran, name war X
8. (c) Social Security No. none

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm J. Hearty
6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased May 31 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 13
If less than one day hr. min.

9. Birthplace Pisa Co. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Joe McBurse
13. Birthplace Pisa Co. MO.
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Sherrill
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Will Hunter
(b) Address Mexico MO.

17. (a) Burial (b) Date thereof Jan 19-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green MO.

18. (a) Signature of funeral director Grace Bankhead

(b) Address Bowling Green MO.

19. (a) Jan 15-1944 (b) Margaret A. Masbie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pisa
(c) City or town Bowling Green
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 13
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb 15 1943 to Nov 26 1943
that I last saw her alive on Nov 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Chronic Nephritis
Parathyroidosis

Due to _____
Due to _____
Other conditions General arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: none
Of operations 13/1
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 A. C. Brashear (M. D. or other) M.D.
Address Mexico, MO Date signed 1/18/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 2-44-251

Date Filed FEB 3 1944

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 Grace Bankhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green

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, above space should be left blank.