

FILED FEB 16 1944

Registration District No. 213

Primary Registration District No. 5781

Registrar's No. 94

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

1. PLACE OF DEATH:

(a) County: Miller

(b) City or town: Rural - Glass Fork  
(If outside city or town limits, write "RURAL" and name of town/ship)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Miller

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

(d) Street No: Barra, Mo. R#1  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: 1

3. (a) PRINT FULL NAME: RUTHA JANE PUNCAN

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10  
year 1944 hour 8 minute 30 P.M.

3. (b) If veteran, name war: no

3. (c) Social Security No. no

21. I hereby certify that I attended the deceased from April 10, 1941 to Jan 10, 1944  
that I last saw her alive on Jan 9, 1944  
and that death occurred on the date and hour stated above.

4. Sex: Female

5. Color or race: white

6. (a) Single, widowed, married, divorced: Married

6. (c) Age of husband or wife if alive: 73 years

7. Birth date of deceased: Mar 17 1866  
(Month) (Day) (Year)

Immediate cause of death:

Chronic Myocarditis 5 yrs

Chronic intl. nephritis 10 yrs

Secondary Anemia 1 yr

8. AGE:

| Years     | Months   | Days      | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>77</u> | <u>9</u> | <u>25</u> | hr. min.             |

Due to.....

Due to.....

9. Birthplace: Brunley, Mo.  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation: House Keeper

Major findings: 310

Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business: Farm

12. Name: Issac Markman

13. Birthplace: unknown  
(City, town, or county) (State or foreign country)

14. Maiden name: Cecilia Witt

15. Birthplace: unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant: Ralph Duncan

(b) Address: Barra, Mo.

17. (a) Burial (b) Date thereof: 1-12-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Brunley - Mo

18. (a) Signature of funeral director: Chase

(b) Address: Barra, Mo.

19. (a) Jan 15, 1944 (b) Chaukins  
(Date received local registrar) (Registrar's signature)

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?..... (Specify type of place)

(e) Means of injury: 9

23. Signature: Myron S Jones (M.D. or other) (initials)

Address: Brunley, Mo. Date signed: 1/15/44

498

RECEIVED

Miller- County Health Dep't.

County File Number 44-27

Date Filed 2-14-44

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed E. H. Basey

Licensed Embalmer No. 7694

P. O. Address Brum, 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.