

FILED APR 20 1944

State File No. ....

Registration District No. 333

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: Sikeston General Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 day (Specify whether  
 In this community 23 yrs years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Scott  
 (c) City or town Sikeston  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 216 E. Center  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country —

**3. (a) PRINT FULL NAME** RUTH ELLEN PUTNAM  
 3. (b) If veteran, name war —  
 3. (c) Social Security No. —

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month April day 1  
 year 1944 hour 7 minute 00 A.M.  
 21. I hereby certify that I attended the deceased from 1942  
8 1942 to March 31 1944  
 that I last saw her alive on April 1st 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 widowed  
 6. (b) Name of husband or wife John A. 6. (c) Age of husband or wife if alive — years  
 7. Birth date of deceased July 8 1968  
(Month) (Day) (Year)  
 8. AGE: Years 75 Months 8 Days 23 If less than one day hr. min.

Immediate cause of death Vascular Heart Disease  
chronic  
 Due to  
 Due to  
 Other conditions arthritis + psoriasis  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations 92d  
 Of autopsy

9. Birthplace Penn  
(City, town, or county) (State or foreign country)  
 10. Usual occupation at home  
 11. Industry or business  
 12. Name Charles Holmes  
 13. Birthplace Penn  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Jones  
 15. Birthplace Carbon Co. Penn  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Daughter  
 (b) Address Sikeston Mo  
 17. (a) Removal (b) Date thereof 4-4-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Paris Mo  
 18. (a) Signature of funeral director Welch Funeral Home  
 (b) Address Sikeston Mo  
 19. (a) 4-10-44 (b) Louise Largent  
(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 (e) Means of injury  
 23. Signature [Signature] (M. D. or other)  
 Address Sikeston Mo Date signed 4-3-44

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

MOTHER FATHER

1518

RECEIVED

District Health Office No. 2,

District File Number 444-609

Date Filed 1-12-44

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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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Pikeston 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.**