

FILED AUG 14 1944

Registration District No. 256

Primary Registration District No. 2001

Registrar's No. 364

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
1718 Connor
(If not in hospital or institution, write street number or location)

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

In this community 29 Yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper ⁴⁹

(c) City or town Joplin ²
(If outside city or town limits, write "RURAL") ⁵

(d) Street No. 1718 Connor
(If rural, give location)

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

3. (a) PRINT FULL NAME Ruth Traugher

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

| | | |
|---|---------------------------|---|
| 4. Sex <u>1 F</u> | 5. Color or race <u>W</u> | 6. (a) Single, widowed, married, divorced <u>Single</u> |
| 6. (b) Name of husband or wife _____ | | 6. (c) Age of husband or wife if alive _____ years |
| 7. Birth date of deceased <u>April 2 1915</u> (Month) (Day) (Year) | | |

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>29</u> | <u>3</u> | <u>20</u> | _____ hr. _____ min. |

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

10. Usual occupation _____

11. Industry or business Housekeeper

MOTHER FATHER

12. Name James H. Traugher

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

14. Maiden name May Prim

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

16. (a) Informant Mrs. May Snyder

(b) Address 1718 Connor

17. (a) Burial (b) Date thereof 7 25 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Parker Hunsaker

(b) Address Joplin Mo

19. (a) 7-31-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd
year 1944 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Nov 15 1943 to July 22 1944
that I last saw her alive on July 21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Starvation

Due to Mental Psychosis

Duration 8 Mo
1 yr.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

189
99

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 _____

Signature [Signature] (M. D. or other) 0

Address Joplin Mo Date signed 7-26-44

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

W. J. Mitchell

44-7-635

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.