

FILED AUG 9 1944
Registration District No. 243

Primary Registration District No. 4364

1. PLACE OF DEATH:

(a) County Newton
(b) City or town STELLA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CARDWELL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ruth Elizabeth MANZ

3. (b) If veteran, name war World War I
3. (c) Social Security No. 1-1-1

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lewis Manz
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Oct 15 1912
(Month) (Day) (Year)

8. AGE: Years 32 Months 6 Days 14
If less than one day hr. min.

9. Birthplace Fairview Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name James Coatney

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

14. Maiden name Eora Long

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

16. (a) Informant Lewis Manz

(b) Address Neosho Missouri

17. (a) Removal (b) Date thereof 6-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho Missouri

18. (a) Signature of funeral director J. P. Busham

(b) Address Neosho Missouri

19. (a) 7-15-1944 (b) Alfred H. Hale Dyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town Neosho RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route 4
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1944 hour 3 minute 55 P.M.

21. I hereby certify that I attended the deceased from June 27
1944 to June 29 1944
that I last saw her alive on June 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis
due to ruptured appendix
Due to 12/1/1

Other conditions (Include pregnancy within 3 months of death)

Major findings: Ruptured appendix
Of operations Underline the cause to which death should be charged statistically.
Of autopsy

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 J. P. Busham (M. D. or other) 0
Address Neosho MO Date signed 7-1-44

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

300

1317

RECEIVED AUG 7 1944
District Health Officer No. _____
District File Number 744-129
Date Filed AUG 7 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 *J. W. Bushman*
Licensed Embalmer No. 2689
P. O. Address *Wesley Me*

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.