

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25500
Registrator's No. 62

Registration District No. 291 Primary Registration District No. 4433

1. PLACE OF DEATH:
(a) County PuTNAM
(b) City or town Unionville
(c) Name of hospital or institution:
MONROE HOSPITAL & CLINIC
(d) Length of stay: In hospital ABOUT 18 DAYS
In this community ALL HER LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PuTNAM
(c) City or town Unionville
(d) Street No. _____
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME RUTH ElnORA HUNT
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 12
year 1944 hour 11 minute 30 P.M.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife KennETH
6. (c) Age of husband or wife if alive 31 years

21. I hereby certify that I attended the deceased from JUNE, 1944 to July 12, 1944; that I last saw h. e. r. alive on July 12, 1944 and that death occurred on the date and hour stated above.

7. Birth date of deceased FEBRUARY 17 1918
8. AGE: Years 25 Months 4 Days 25 If less than one day _____ hr. _____ min.

Immediate cause of death PARALYTIC IliUS - 5da.
Post-operative acute IliUS
Operated - Appendix
Ovarian - Cyst.
Due to _____
Due to _____

9. Birthplace PuTNAM Co. MISSOURI
10. Usual occupation HOUSEWIFE

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations: _____
Of autopsy: _____

11. Industry or business HOUSEWORK
12. Name ALFRED JARRETT STEEN
13. Birthplace PuTNAM Co. MISSOURI
14. Maiden name MINNIE MARGARET ARNOID
15. Birthplace DonT Know MISSOURI

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant: Kenneth Hunt
(b) Address: Unionville Mo
17. (a) BURIAL (b) Date thereof July 14 1944
(c) Place: burial or cremation Unionville Cemetery
18. (a) Signature of funeral director Constock Funeral Home
(b) Address Unionville Mo
19. (a) 9/4/44 (b) [Signature]

23. Signature [Signature] (M. D. or other) _____
Address Unionville Mo Date signed 7/12/44

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

86-10

Health Officer No. 10
Certificate No. 8-44-1418
Date Filed AUG 11 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

John N. Comstock

Licensed Embalmer No. 3891

P. O. Address. *Unionville, 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.