

FILED OCT 10 1944
275

State File No.

Registration District No.

Primary Registration District No. 3053

Registrar's No. 119

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Reese
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McFarland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Shelby
(c) City or town Edgar Springs, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

In this community
years, months or days)
3. (a) PRINT FULL NAME Ruby Faye Hall
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 12
year 1944 hour 4 minute 30.0 A.M.
21. I hereby certify that I attended the deceased from Sept. 9, 1944 to Sept. 12, 1944
that I last saw her alive on Sept. 12, 1944
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased. Oct. 15, 1942
(Month) (Day) (Year)

Immediate cause of death... Acute enteritis Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 119a
Of autopsy

8. AGE: Years Months Days If less than one day
1 10 27 hr. min.
9. Birthplace Edgar Springs, Mo.
(City, town, or county) (State or foreign country)

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 0

10. Usual occupation
11. Industry or business
MOTHER FATHER { 12. Name Ruby Hall
13. Birthplace Shelby, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mildred Black
15. Birthplace Shelby, Mo
(City, town, or county) (State or foreign country)
16. (a) Informant Ruby Hall
(b) Address Edgar Springs, Mo
17. (a) Burial (b) Date thereof 9-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mitchell, Tenn
18. (a) Signature of funeral director W. J. Fullerton
(b) Address Reese, Mo
19. (a) 9-13-44 (b) W. J. Fullerton
(Date received local registrar) (Registrar's signature)

23. Signature W. J. Fullerton (M. D. or other)
Address Reese, Mo Date signed 9/15/44

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

21
22

1092

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 me

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

Signed S. L. M. J. J. J.

Licensed Embalmer No. 3397

P. O. Address Rolla 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.