S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40719

Registration District No. 1

Primary Registration District No. 5126

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan

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

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

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Rural (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

3. (a) PRINT FULL NAME Ruby Melvina Stagner

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lige Stagner

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased 4 (Month) 26 (Day) 84 (Year)

8. AGE: Years 60 Months 3 Days 18 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business Home

FATHER
12. Name John S. Kelly
13. Birthplace (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name Sarah Nale
15. Birthplace Buchanan Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant Lige Stagner

(b) Address Faucett Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 15 (Day) 44 (Year)

(c) Place: burial or cremation Dearborn Mo.

18. (a) Signature of funeral director Rollins - Nash

(b) Address Edgerton Mo.

19. (a) 12-28-44 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 14 year 44 hour 10 minute 05 A. M.

21. I hereby certify that I attended the deceased from March 20, 1944 to Aug 14, 1944 that I last saw her alive on Aug 4 1944, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon

Due to

Due to 46e

Other conditions None (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no autopsy

Duration about 1 year

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature S. E. Meluney (M. D. or other) MD

Address 214 Kirkpatrick Blvd Saint Joseph 8, Mo Date signed Dec 23/1944

1377

(Licensed Embalmer's Statement on Reverse Side)

JAN 10 1945

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 Hiram R. Nash

Licensed Embalmer No. 3947

P. O. Address Edgerton 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.