

No. 2
5-43
5-17-39
X36671

FILED FEB 2 1945
Registration District No. 233

Primary Registration District No. 5-877

State File No.

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Rural Linney Lake
(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 _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Ore

(b) County Oregon 75

(c) City or town 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Linney Lake 0
(If rural, give location)

(e) Citizen of foreign country? Rural (Yes or No) 11
If yes, name country _____

3. (a) PRINT FULL NAME Ruby Jane Bisco

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 - 1945
year _____ hour _____ minute _____ M.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife Inf

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased Jan 4 1945
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 31, 1945, to Jan 31, 1945, that I last saw her alive on Jan 31, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Presal Mening Duration _____

8. AGE: Years _____ Months _____ Days 29 If less than one day _____ hr. _____ min.

Due to Howling Whooping Cough

Due to _____

9. Birthplace Oregon Ore 0
(City, town, or county) (State or foreign country)

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

Major findings: _____

Of operations _____

Of autopsy no

10. Usual occupation Inf

11. Industry or business _____

12. Name Eugen Bisco 0
(City, town, or county) (State or foreign country)

13. Birthplace Ridgely Brydger 0
(City, town, or county) (State or foreign country)

14. Maiden name _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (c) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 7/3-1945 (b) Henry M. Meliciano
(Date received local registrar's) (Registrar's signature)

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 _____

23. Signature Arthur Pro (M. D. or other) _____
Address Alton Ore Date signed _____

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Registration District No. 253 Primary Registration District No. 5877

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Medford, Curry Co
(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. (Specify whether
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Ruby Jane Shio
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 S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan (Month) 1 (Day) 1945 (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Edna J. - au

(b) Address Allen 1130

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/31-45 (Month) (Day) (Year)

(c) Place: burial or cremation Barber Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Allen 1130

19. (a) _____ (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day _____ year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

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

Major findings:
Of operations _____
Of autopsy _____

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 _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

2988