V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5843

State File No.

Registration District No. 65

Primary Registration District No. 4114

Registrar's No.

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Mendon
(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 33 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

(c) City or town Mendon
(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

3. (a) PRINT FULL NAME Elizabeth McGilvray

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Arch McGilvray

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

7. Birth date of deceased October (Month) 15 (Day) 1880 (Year)

8. AGE: Years 64 Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Ruckrigel
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Reidhaar
15. Birthplace Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant Arch McGilvray
(b) Address Mendon Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/45 (Month) (Day) (Year)
(c) Place: burial or cremation Mendon Mo

18. (a) Signature of funeral director J. L. Leipard
(b) Address Mendon Mo

19. (a) Feb 25 1945 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23
year 1945 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from January 1st 1944 to February 23 1945
that I last saw her alive on February 22 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coma from Paralysis Ascending Type	2 days
Due to Hemiplegia of left side since December 25th 1943	
Due to due to cerebral lesion	
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. D. West (M. D. ~~[illegible]~~)

Address Mendon Mo Date signed 2/24/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
State Health Officer No. 8,
Filed 3-9-45

JUN 30 1955

MAR 20 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, ~~only~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed. O. L. Leipard

Licensed Embalmer No. 3979

P. O. Address. Mendon 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.