No. 2
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17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40466

Registration District No. 32 Primary Registration District No. 5115 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Bollinger

(b) City or town Sedgewickville Whitewater (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sedgewickville Mo. (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 Missouri (b) County Bollinger

(c) City or town Sedgewickville (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 Ruth Edna Hahs

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex F. 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ray Hahs 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Dec (Month) 17 (Day) 1896 (Year)

8. AGE: Years 49 Months ✓ Days 10 If less than one day ..... hr. ..... min.

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

10. Usual occupation House wife

11. Industry or business .....

FATHER
12. Name J. M Probst
13. Birthplace Millersville Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Jane Moore
15. Birthplace Sedgewickville Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Ray Hahs

(b) Address Sedgewickville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Sedgewickville Cemetery

18. (a) Signature of funeral director McCombs F & U Co

(b) Address Jackson Mo.

19. (a) Willie Jane Pruitt (Date received local registrar) (b) Date - Dec 31 1945 (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27th year 1945 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1, 1939, to Dec 27th, 1945 that I last saw her alive on Dec 26th, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Due to Carcinoma of breath

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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 Edw. Crites (M. D. ~~or other~~)

Address Sedgewickville Mo Date signed 12/29/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 146-1586

Date Filed 1-9-46

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 B A Meyer

Licensed Embalmer No. 3057

P. O. Address Jackson Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.