. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14161

Registration District No. 294 Primary Registration District No. 6011 Registrar's No. 67

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly. Rural.
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town Missouri City 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ruby Ethel Heifner
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 Wid ✓
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 24th (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
69	2	24	hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER 12. Name James L Polson
13. Birthplace (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Amanda Durham
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs Harold Hutsell
(b) Address R.F.D Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 20th 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly. Mo
18. (a) Signature of funeral director Madan and Son
(b) Address Moberly Mo
19. (a) Mar 20-46 (Date received local registrar) (b) Leah Hickman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th year 1946 hour 6 minute 45 P.M.
21. I hereby certify that I attended the deceased from Feb-8-, 1946, to Mar-18-, 1946; that I last saw her alive on Mar-18-, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intestinal Influenza	about 40 days
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? —
(Specify type of place)
While at work? — (e) Means of injury — 0
23. Signature E. H. Shrader (M. D.)
Address Moberly, Mo. Date signed 3/20/46

269 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-46-833
Date Filed APR 22 1946

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 Frank E. D'Nutt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.