

FILED MAY 27 1946  
128

STANDARD CERTIFICATE OF DEATH

State File No. 16362

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 376

1. PLACE OF DEATH:

GREENE

(a) County Springfield  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Springfield Baptist Hospital  
(If not in hospital or institution, write street number & 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 Rock 84  
(c) City or town Boileau  
(If outside city or town limits, write "RURAL")  
(d) Street No. East side of Public Square  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country none

3. (a) PRINT FULL NAME West, Mrs. Ruby

3. (b) If veteran, name war NONE  
3. (c) Social Security No. NONE

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 29 years  
7. Birth date of deceased October 20, 1884  
(Month) (Day) (Year)

8. AGE: Years 6 Months 6 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name Parent, (UNK.)  
13. Birthplace unknown UNK.  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace UNK. UNK.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rutha Spencer  
(b) Address 616 N. 10th, Normalville, Kan.

17. (a) REMOVED (b) Date thereof May 14, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Kansas City, Kansas

18. (a) Signature of funeral director Erwin and Blue

(b) Address Ballman

19. (a) 5-2-46 (b) Dr. W. S. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2  
year 1946 hour 7:00 minute 0 A. M.

21. I hereby certify that I attended the deceased from April 25, 1946 to May 2, 1946; that I last saw her alive on May 1, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Ovary  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 490  
Of autopsy \_\_\_\_\_

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) (a) \_\_\_\_\_ (b) \_\_\_\_\_  
23. Signature Wally Smith (M. D. or other) MD  
Address Springfield, Mo. Date signed 5-2-46

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

MOTHER FATHER

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**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 *William B. Ervine*  
Licensed Embalmer No. *3092*  
P. O. Address *Balmain, 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.**

Y