

19265

State File No. *1011*

FILED MAY 16 1946
 Registration District No. *360*

Primary Registration District No. *3026*

Registrar's No. *54*

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

1. PLACE OF DEATH:
 (a) County *Vernon*
 (b) City or town *Nevasa*
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1130 West Cherry
(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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State *Missouri* (b) County *Vernon*
 (c) City or town *Nevasa*
(If outside city or town limits, write "RURAL")
 (d) Street No. *1130 West Cherry*
(If rural, give location)
 (e) Citizen of foreign country? *No* (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME *Ruby Viola Pippin*
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month *March* day *28* year *1946* hour *5* minute *AM*
 21. I hereby certify that I attended the deceased from *38 March* 19____ to *March 29* 19____
 that I last saw her alive on *28 March* 19____ and that death occurred on the date and hour stated above.

4. Sex *Female* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *Widowed*
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death *Myocardial infarction epidemic total*
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

7. Birth date of deceased *May 7 1943*
(Month) (Day) (Year)
 8. AGE: Years *21* Months *10* Days *21* If less than one day _____ hr. _____ min.

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 _____

9. Birthplace *Nevasa Missouri*
(City, town, or county) (State or foreign country)
 10. Usual occupation _____

11. Industry or business _____
 12. Name *Glenn Forgy*
 13. Birthplace *Cheldon Missouri*
(City, town, or county) (State or foreign country)
 14. Maiden name *Garett Pippin*
 15. Birthplace *Garett Kansas*
(City, town, or county) (State or foreign country)

16. (a) Informant *Isaac Pippin*
 (b) Address *Moundville Mo*
 17. (a) *Burial* (Burial, cremation, or removal) (b) Date thereof *March 29 1946*
(Month) (Day) (Year)
 (c) Place: burial or cremation *Mass Cemetery*

18. (a) Signature of funeral director *John J. Hines*
 (b) Address *Nevasa Missouri*
 19. (a) *4-4-46* (Date received local registrar) (b) *Walter Hancey* (Registrar's signature)

23. Signature *Walter Hancey* (M. D. or other)
 Address *Wendellville Mo* Date signed *3-30-46*

Duration *13 hrs*
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

RECEIVED
District Health
District File Number 4-46-447
Date Filed 5-10-46

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 L B Terry
Licensed Embalmer No. 1960
P. O. Address Nevada 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.