S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 16, 1946

Registration District No. 126

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37460

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
St. John Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 1905 Perkins
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ruby L. Vinson

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 Andrew Earl Vinson

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

7. Birth date of deceased October 19, 1901
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
45	1	6	hr. min.

9. Birthplace Joplin (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James VanNoy
13. Birthplace Jefferson City, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Belle Oltman
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mr. Andrew Vinson
(b) Address 1905 Perkins, Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-46 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Cemetery

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 11-27-46 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1946 hour 8:30 minute AA A M.

21. I hereby certify that I attended the deceased from Nov 19, 1946 to Nov 25, 1946
that I last saw her alive on Nov 24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus — Duration 2 hrs

Due to Opr for Removal of Sub Mucous Fibroid of uterus — 2 days

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 56 B

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 H L Kurlbur (M. D. ~~or other~~)
Address Joplin Mo Date signed Nov 26 46

(Licensed Embalmer's Statement on Reverse Side)

46-11-1019

MAR 25 1941

FEB 19 1942

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 F. M. Jones

Licensed Embalmer No. 2519

P. O. Address Joplin 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.