

No. 2
8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39407
Registrar's No. 139

Registration District No. 360 Primary Registration District No. 3076

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon ¹⁰⁸
(c) City or town Nevada ¹
(If outside city or town limits, write "RURAL")
(d) Street No. 426 E. Walnut ²
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Ruby Beatrice O'Poole
(b) If veteran, name war ✓
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 14
year 1946 hour 9:00 minute 30 P. M.
21. I hereby certify that I attended the deceased from 1930 to Nov. 14, 1946
that I last saw her alive on Nov. 10, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife ✓
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Dec 21 1909
(Month) (Day) (Year)

Immediate cause of death Chr. valvular heart disease
Due to _____
Duration since childhood

8. AGE: Years 36 Months 10 Days 24 If less than one day _____ hr. _____ min.
9. Birthplace Charbon, Vernon County, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation at home

Other conditions (Include pregnancy within 3 months of death) _____
Due to _____
Due to _____
Major findings: Of operations 93D
Of autopsy _____

11. Industry or business _____
12. Name J. C. O'Poole
13. Birthplace Care County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Thelma Kaines
15. Birthplace Vernon, Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Lawrence O'Poole
(b) Address Nevada, Mo.
17. (a) Burial (b) Date there Nov. 17 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Deerpines
18. (a) Signature of funeral director W. J. Funeral Service
(b) Address Nevada, Mo.
19. (a) 11-25-46 (b) Kathryn Vancay
(Date received local registrar) (Registrar's signature)

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 15
23. Signature DR King (M. D. or other) 15
Address Nevada, Mo. Date signed 11-15-46

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

97-5-21
855E-97-11
1/1

ROBERT

DEC 1 1945

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 Allen E. Hayes
Licensed Embalmer No. 1968
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.