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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 845

FILED JAN 22 1947

Registration District No. 420

Primary Registration District No. 2000

Registrar's No. 33

1. PLACE OF DEATH:

(a) County: GREENE

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

(c) Name of hospital or institution: Enroute to Hospital 3
(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: Greene 39

(c) City or town: Springfield 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Route 1, Box 602 1
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Ruby Lee Stewart

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Female 1

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: John T. Stewart

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

7. Birth date of deceased: June (Month) 1914 (Day) (Year)

8. AGE: Years 33 | Months ? | Days ? | If less than one day ..... hr. ..... min.

9. Birthplace: Morrisville, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER
12. Name: Ed Busby
13. Birthplace: Unknown 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ada Conley
15. Birthplace: Unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant: John T. Stewart
(b) Address: Route 1, Box 602 Spfd., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/15/1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Morrisville, Missouri

18. (a) Signature of funeral director: ALMA LOHMEYER FUNERAL HOME
(b) Address: Springfield, Missouri

19. (a) 1-6-47 (Date received local registrar) (b) W. E. Hardley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day Jan. year 1947 hour 8 - minute 45 P.M.

21. I hereby certify that I attended the deceased from 12-15 1946 to 1-11 1947 that I last saw her alive on 1-11 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uterine Hemorrhage	
Premature Separation of Placenta	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 343	
Major findings: Of operations	
Of autopsy yes Premature Separation of Placenta	

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

22. If death was due to external cause, 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 0

23. Signature: W. Kelly (M. D. [redacted])

Address: Springfield Mo. Date signed 1-13-47

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(Licensed Embalmer's Statement on Reverse Side)

JAN 29 1947

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 C. A. Roof

Licensed Embalmer No. 3140

P. O. Address Springfield, 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.