No. 6-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13004

State File No.

Registration District No. 101 Primary Registration District No. 5414 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Ava, Rural Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or 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 Douglas 34
(c) City or town Ava Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route 3 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Birtha Ruth Lafferty
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 8, 1947 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	1	0	hr. min.

9. Birthplace Ava, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Child
11. Industry or business
FATHER
12. Name Ellis Lafferty 0
13. Birthplace Ava, Missouri
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Agnes Nelson 0
15. Birthplace Ongo, Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Lee Short
(b) Address Kettner, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Stillings
18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri
19. (a) Feb. 28-47 (Date received local registrar) (b) Vestal Bushman (Registrar's signature) 84

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8
year 1947 hour 7 minute 30 A. M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Said to be Pneumonia. Did not have a Doctor	
Due to Lobar Pneumonia	4 Da.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? 8
(Specify type of place)
While at work? (e) Means of injury
23. Signature Vestal Bushman (~~M. D. or other~~) L.R.
Address Ava, Mo. Date signed 4-21-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 347-375
Date Filed MAR 31 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 W B Hutchison

Licensed Embalmer No. 3431

P. O. Address Ava 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.