

FILED MAY 7 1947

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **150**

1. PLACE OF DEATH:

(a) County **Pettis**  
(b) City or town **Sedalia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Bathhouse Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 days**  
(Specify whether  
In this community **Life**  
years, months or days)

3. (a) PRINT  
FULL NAME

**Ruby Kahler**

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 **Widow**  
(b) Name of husband or wife **Mark Kahler** 6. (c) Age of husband or wife if alive **26** years  
7. Birth date of deceased **Sept 26 1859**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**87 6 20** hr. min.

9. Birthplace **Pettis Co Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **Danny Landon**  
13. Birthplace **Ky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Susan Brownfield**  
15. Birthplace **Ill**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Annie Stewart**

(b) Address **Beaman, Mo**

17. (a) **Burial** (b) Date thereof **4-18-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Cem**

18. (a) Signature of funeral director **Geo. Hillard**

(b) Address **Sedalia, Mo**

19. (a) **4/21/47** (b) **Betty Yeager**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Pettis**  
(c) City or town **Beaman Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **RFD #1**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

29. DATE OF DEATH: Month **Apr** day **16**  
year **1947** hour minute **3P** M.

21. I hereby certify that I attended the deceased from **April 11**, 1947, to **April 16**, 1947,  
that I last saw her alive on **April 16**th, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **?**

Due to **Senility** **?**

Due to **Arterio Sclerosis** **?**

Other conditions **Fracture of Sept. Hip** **6 days**  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations **None**  
Of autopsy **None**  
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) **April 10 1947**

(b) Date of occurrence **Free in home** **180**

(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?  
**Free on rug**

While at work? (Specify type of place) (c) Means of injury **?**

23. Signature **J. B. Oakes M.D.** (M. D. or other)  
Address **Sedalia Mo** Date signed **4-17-47**

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 5-6-47

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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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia, 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.