S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 11 1947

Registration District No. 72

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37452

Primary Registration District No. 3013

Registrar's No. 137

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town North Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1227 E 21st Street (If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution (Specify whether
In this community 18 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town North Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 1227 E. 21st (If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country xx

3. (a) PRINT FULL NAME Ruth Marie Duffey
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Earl J. Duffey
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Oct. (Month) 22 (Day) 1900 (Year)

8. AGE:

Years	Months	Days	If less than one day
47	1	0	xx hr. xx min.

9. Birthplace Woodlawn (City, town, or county) Kansas (State or foreign country) 1
10. Usual occupation House wife
11. Industry or business Self
FATHER
12. Name Alanzo Pitman
13. Birthplace xxx (City, town, or county) Kansas (State or foreign country) 1
MOTHER
14. Maiden name Laura Richardson
15. Birthplace xxx (City, town, or county) Kansas (State or foreign country) 1
16. (a) Informant Earl J. Duffey
(b) Address 1227 E. 21st No. K.C.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 25 47 (Month) (Day) (Year)
(c) Place: burial or cremation Appelton City Mo.
18. (a) Signature of funeral director Morton-Smith F.H.
(b) Address North Kansas City Mo.
19. (a) Nov 25th 1947 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature) 13

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1947 hour minute M.
21. I hereby certify that I attended the deceased from July 20 1947 to Nov 23 1947
that I last saw her alive on Nov 23 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute heart failure
Due to suffocation due to extensive consolidation
Due to of both lungs.
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 200 A

Duration

PHYSICIAN

Underline the cause of 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 0
23. Signature [signature] (M. D. or other)
Address 2025 [illegible] Date signed 11-24-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 12-10-47

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 Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.