

No. 2
-1/47
5-17-39

FILED NOV 24 1947
Registration District No.

Primary Registration District No. 5582

Registrar's No. 239

1. PLACE OF DEATH:

(a) County... Jasper

(b) City or town... rural -- Jackson Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
on Highway 71 1 mile so. of Carthage
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or day) 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jasper 49

(c) City or town... rural
(If outside city or town limits, write "RURAL")

(d) Street No. Route 4, Carthage
(If rural, give location)

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

If yes, name country, -----

3. (a) PRINT FULL NAME Ruth E Alumbaugh

3. (b) If veteran, name war... none

3. (c) Social Security No. none

4. Sex female / race White

5. Color or race White

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

6. (b) Name of husband or wife... Willard E. Alumbaugh

6. (c) Age of husband or wife if alive... 35 years

7. Birth date of deceased... February 6 1922
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 25 | 9 | 2 |hr.min. |

9. Birthplace... Jasper Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation... housewife

11. Industry or business... at home

12. Name... Robert Holland

13. Birthplace... unknown Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name... Daisy Swindle

15. Birthplace... unknown Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant... Mrs. Robert Holland

(b) Address... Route 2, Sarcoxie, Mo.

17. (a) burial (b) Date thereof Nov 13, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Harvey Cemetery

18. (a) Signature of funeral director... Knell Mortuary

(b) Address... Carthage, Mo.

19. (a) 11-12-47 (b) L. B. Clinton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8
year 1947 hour 12:30 PM

21. I hereby certify that I attended the deceased from 19... 19...
that I last saw him alive on... and that death occurred on the date and hour stated above.

Immediate cause of death... Crushed Skull

Due to...
Due to...

Other conditions... (Include pregnancy within 3 months of death)

Major findings:
Of operations...
Of autopsy...
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) Accident

(b) Date of occurrence... 11/8/47

(c) Where did injury occur? Carthage, Jasper Co.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, or industrial place, in public place? In way of car

While at work... (Specify type of place)

3. Signature... Date signed 11/9/47

Address... Date signed 11/9/47

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

MOTHER FATHER

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..... *Frank W. Kneel Jr.*.....

Licensed Embalmer No..... *4440*.....

P. O. Address..... *Carthage*.....

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.