S. No. 2
M—1/47
5-17-39

14
2
Raymond

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9117

FILED APR 6 1948

Registration District No. 756

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Joplin General Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)

In this community 10 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin (If outside city or town limits, write "RURAL") 2

(d) Street No. 2126 Virginia (If rural, give location) 5

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Minnie A. Ruff

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 9

6. (b) Name of husband or wife

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

7. Birth date of deceased July 12 (Month) (Day) 1869 (Year)

8. AGE: Years 78 Months 8 Days 1 If less than one day hr. min.

9. Birthplace Portsmouth (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Lewis Hubbard
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Clarissa Allen
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Willa May Ruff

(b) Address 2126 Virginia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 16, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Aurora, Missouri

18. (a) Signature of funeral director Thornhill-Dillon Mort

(b) Address 305 W 4th Joplin, Missouri

19. (a) 3-16-48 (Date received local registrar) (b) Dolores Lempkins DR. (Registrar's signature) 159

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1948 hour 10 minute 20 A. M.

21. I hereby certify that I attended the deceased from August 30, 1947 to March 13, 1948 that I last saw her alive on March 9, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Senility Respiratory collapse

Due to

Due to

Other conditions Marked Anemia (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 2

23. Signature M. L. Raymond (M.D. or other)

Address 601 Frisco Bldg Date signed 3-15-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-3-260

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.....

Licensed Embalmer No. 3566

P. O. Address Joplin 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.