

S. No. 2
DM-5-43
v. 5-17-39
I X36571

FILED APR 5 1948

Registration District No. **290**

Primary Registration District No. **1127**

1. PLACE OF DEATH:

(a) County **Pulaski**
(b) City or town **Waynesville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Waynesville General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **23 Days**
(Specify whether **Life**)
In this community **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **Ruby Marie Hough**

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 **married**

6. (b) Name of husband or wife **Henry Hough** 6. (c) Age of husband or wife if alive **37** years

7. Birth date of deceased **Sept. 9 1915**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 6 22 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Orville Augusta Nickels**

13. Birthplace **Unknown Va.**
(City, town, or county) (State or foreign country)

14. Maiden name **Ida L. Parson**

15. Birthplace **Laquey Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry Hough**

(b) Address **Waynesville, Mo.**

17. (a) **removal** (Burial, cremation, or removal) (b) Date thereof **3-31-48**
(Month) (Day) (Year)

(c) Place: burial or cremation **Laquey, Mo.**

18. (a) Signature of funeral director **Paul Hoops**

(b) Address **Waynesville, Mo.**

19. (a) **Apr 2 1948** (Date received local registrar) (b) **William C. Buckthorpe** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **31**
year **1948** hour **6** minute **50** A.M.

21. I hereby certify that I attended the deceased from **Aug. 1947**
to **Mar 31 1948**
that I last saw **her** alive on **Mar 30 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis Pulmonary**
Duration **10 yrs**

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN **B. B.**
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? _____

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

23. Signature **William C. Buckthorpe** (M. D. or other) _____
Address **Waynesville, Mo.** Date signed **31 Mar 48**

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

0050

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 Paul B. Cooper
Licensed Embalmer No. 3261
P. O. Address Haymesville, 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.