S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33318

FILED OCT 25 1948

Registration District No. 856

Primary Registration District No. 2007 5581

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin RFD 3 Galena Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home No. of city
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 28 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. RFD 3 (New Edition)
(If rural, give location)

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

If yes, name country None

3. (a) PRINT FULL NAME Ruby Matilda Stevenson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased November (Month) 6 (Day) 1919 (Year)

8. AGE: Years 28 Months 11 Days 6 If less than one day -- hr. -- min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name William Stevenson

13. Birthplace ---- (City, town, or county) Indiana (State or foreign country)

14. Maiden name Nellie Holcomb

15. Birthplace --- (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Mrs. Mary Thornton

(b) Address RFD3 Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/48 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem. Joplin

18. (a) Signature of funeral director Hurlbut-Glover Mort

(b) Address Joplin, Missouri

19. (a) 10-15-48 (Date received local registrar) (b) Ed D. James (By [illegible] Hampel) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12 year 1948 hour 9 minute P M.

21. I hereby certify that I attended the deceased from October 11, 1948, to October 12, 1948 that I last saw h on alive on October 11, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bacilycardia	2d.
Due to Malnutrition	?
Due to Imbecility	28 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 95%	
Of autopsy	

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

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

Address Neosho Mo. Date signed 10/14/49

(Licensed Embalmer's Statement on Reverse Side)

48-10-860

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 William E. Freer Registered Apprentice No. 283, working under my personal supervision.

Signed Dale Glover

Licensed Embalmer No. 4593

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.