FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37430

FILED NOV 30 1948

Registration District No. 226 — Primary Registration District No. 5799 — Registrar's No. 36

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Madison Mo Marion (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Monroe 69
(c) City or town Madison, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ruth-Mae-Tydings
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F 3
5. Color or race C
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased 4 (Month) 13 (Day) 1902 (Year)

8. AGE: Years 46 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Madison Monroe Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation House Worke
11. Industry or business
12. Name Henry Tydings
13. Birthplace Madison Mo. (City, town, or county) (State or foreign country)
14. Maiden name Bell Tydings
15. Birthplace Madison Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Doshia P Chatman
(b) Address Madison Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Runaway
18. (a) Signature of funeral director Fred A Thompson
(b) Address Madison Mo
19. (a) 11/20-48 (Date received local registrar) (b) Olive Little (Registrar's signature) 204

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20 year 1948 hour 6 minute 25 a. M.
21. I hereby certify that I attended the deceased from Oct 1931 to Nov 20 1948; that I last saw her alive on Nov 19 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal obstruction cause unknown	3 days
Due to Intestinal Influenza	10 days
Due to	
Other conditions Chronic Bronchial Asthma (Include pregnancy within 3 months of death)	20 yrs

Major findings:
Of operations
Of autopsy

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
23. Signature T K Turner (M. D. or other) D.O.
Address Madison Mo Date signed 11/20/48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-48-2028
Date Filed NOV 29 1948

DEC 3 1948

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: Fred E. Thompson

Licensed Embalmer No. 1420

P. O. Address Madison, 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.