

S. No. 300
M-10-47
v. 5-17-39
I 3906

FILED JAN 13 1949

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 185

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

14
6
2

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Jane Chinn Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 minutes
(Specify whether years, months or days)

In this community transit.

2. USUAL RESIDENCE OF DECEASED:

(a) State Massachusetts County Worcester 999

(c) City or town South Lancaster 19
(If outside city or town limits, write "RURAL")

(d) Street No. Bolton Road 0
(If rural, give location) 2

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

If yes, name country: _____

3. (a) PRINT FULL NAME Ruby Sonia

3. (b) If veteran, name war no

3. (c) Social Security No. no data

4. Sex Female 5. Color or race White

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 February 14 1909
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>10</u>	<u>14</u>	hr. min.

9. Birthplace Barre Mass.
(City, town, or county) (State or foreign country)

10. Usual occupation Bindery Worker

11. Industry or business E.E. Miles Company

12. Name Peter Sonia

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

14. Maiden name Ruby Brennan

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

16. (a) Informant Jeanette Sonia (Sister)

(b) Address S. Lancaster, Mass.

17. (a) removal (b) Date thereof 12/28/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Worcester, Mass.

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City, Mo.

19. (a) DEC. 28, 1948 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
year 1948 hour 3:30 minute A. M.

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

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy 940

Duration _____

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? _____

While at work _____ (Specify type of place)

(e) Place of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 2114 Joplin Date signed 12/28/48

JAN 13 1949

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 EW Hedge

Licensed Embalmer No. 2859

P. O. Address Westfield

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.