

FILED DEC 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 377726

BIRTH NO.		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 5576		Registrar's No. 201	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - DUVAL TWP. MISSOURI</u>		c. LENGTH OF STAY (In this place) <u>4 MOOS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - DUVAL TOWNSHIP</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JASPER Mo Rte 2 1</u>				d. STREET ADDRESS (If rural, give location) <u>JASPER Mo Route 2 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruth</u>		b. (Middle) <u>I</u>		c. (Last) <u>HOWARD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 29 - 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 4 - 1891</u>	
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>25</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Decab County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John C. GROOMER</u>			13b. MOTHER'S MAIDEN NAME <u>Chole CAIN</u>			14. NAME OF HUSBAND OR WIFE <u>John J. Howard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Howard - Rte 2 - Jasper Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Interstitial Nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-1-1949</u> to <u>11-29-1949</u> , that I last saw the deceased alive on <u>11-28-1949</u> , and that death occurred at <u>6 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. Knott M.D.</u>				23b. ADDRESS <u>Jasper, Mo.</u>		23c. DATE SIGNED <u>11-29-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-2-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARK Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>CARTHAGE MO</u>	
DATE REC'D BY LOCAL REG. DEC-1-1949		REGISTRAR'S SIGNATURE <u>J. L. Hutchins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Knell</u>		ADDRESS <u>MORTUARY - Carthage Mo</u>	

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

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RECEIVED 12-6-49

Jasper County Health Office

County File Number 49-11-945

Date Filed 12-13-49

DEC 16 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

Gene Parent

Student Embalmer No. *349*

working under my personal supervision.

Student *Gene Harvatt*
Student Embalmer

Signed *Frank W. Kuehl*

Licensed Embalmer No. *4440*

P. O. Address *Carthage*

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.