

Registration District No. 73

Primary Registration District No. 5291

State File No. _____

Registrar's No. 80

1. PLACE OF DEATH:

(a) County CLAY
(b) City or town LIBERTY Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 100F Home Liberty Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20.00 (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Ruby L Hall

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: March 13 1879
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 14 If less than one day hr. _____ min. _____

9. Birthplace: DEARBORN, Mich MO. O
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Edward W. Duncan

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

14. Maiden name Launey E. Duncan

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

16. (a) Informant Margaret E. Di Boes

(b) Address Rt 2 Leavenworth Kansas

17. (a) Burial (b) Date thereof Aug. 31 1954
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quentin Point Mo

18. (a) Signature of funeral director Vaughn - Memphis

(b) Address Dearborn Mo

19. (a) Sept. 4, 1954 (b) Mabel Gra Lamm 491
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Liberty Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 200F Home - Rural
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29
year 1954 hour 6:00 minute _____ AM/PM

21. I hereby certify that I attended the deceased from 1954
_____, 19____, to _____, 19____

that I last saw her alive on Aug 28 - 54
and that death occurred on the date and hour stated above.

Immediate cause of death Abdominal infection, fixation of kidney, probable bowel involvement Duration 7 days

Due to P.

Due to _____

Other conditions Central Nervous System

(Include pregnancy within 3 months of death)

Major findings: 331 X
Of operations _____

Of autopsy none (too bad) 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 Wm H Goodson (M. D. or other) MO

Address Liberty Mo. Date signed 9/3/54

APR 24 1958

Carrie Adams F
New Haven
Lucy Hall
B A M

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 John Beckley

Licensed Embalmer No. 4308

P. O. Address Liberty, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.