

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005506

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 560

AMENDED

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TO WHOLE CITY OR TOWN) Kansas City Length of stay in lb yo.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp. Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Jackson
 c. CITY OR TOWN Kansas City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1108 E. 29th Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last JENNIE C Ruby
 4. DATE OF DEATH Month Day Year 1 31 61
 5. SEX Female
 6. COLOR OR RACE White
 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 2-4-1873
 9. AGE (last birthday) 87
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sec.
 10b. KIND OF BUSINESS OR INDUSTRY K.C. Typewriter Co
 11. BIRTHPLACE (City and state or country) Binghamton, New York
 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME unknown 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Will S. Ruby
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No.
 17. INFORMANT J.T. Trudel Address 12712 W. 51st, Shawnee, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Endometrial carcinoma with metastasis
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____
 20f. CITY, TOWN, OR LOCATION COUNTY STATE
 21. I attended the deceased from 1-28-61 to 1-31-61 and last saw her alive on 1-31-61
 Death occurred at 7:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) _____ 22b. ADDRESS 2400 Cherry St
 22c. DATE SIGNED 1/31/61
 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 2-3-1961 23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem. 23d. LOCATION (City, town, or county) (State) Kansas City Missouri

24. FUNERAL DIRECTOR Gates, 1901 Olive Blvd, KC 3, Mo ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 2-1-61 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 FRANK BILLS
 SHOULD READ
 ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul R. Williamson

Licensed Embalmer No. 5009

P. O. Address Oveiland Park

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.