

STANDARD CERTIFICATE OF DEATH

Registration District No. **292**

Primary Registration District No. **4176**

Registrar's No. **30**

DEC 1 1940

1. PLACE OF DEATH:

(a) County **FRANKLIN**
(b) City or town **NEW HAVEN, MO**
(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 **11 DAYS** years, months or days) **2**

3. (a) PRINT FULL NAME **RUTH ANN MONICAL**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased **NOV. 15 1940**
(Month) (Day) (Year)

8. AGE: Years _____ Months **11** Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **NEW HAVEN MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business **none**

12. Name **DUKE MONICAL**

13. Birthplace **Earnsville Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Wilma Keith**

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

16. (a) Informant **Duke Monical**

(b) Address **New Haven Mo**

17. (a) **Burial** (b) Date thereof **11-27-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NORTMANN GEN.**

18. (a) Signature of funeral director **L.C. FERTIG & Son**

(b) Address **New Haven Mo**

19. (a) **Nov. 28-40** (b) **Jeffie Primm**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**
(c) City or town **New Haven**
(If outside city or town limits, write "RURAL")
(d) Street No. **0** (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **26**
year **1940** hour **10** minute **05 A.M.**

21. I hereby certify that I attended the deceased from **Nov. 15, 1940** to **Nov. 26, 1940**; that I last saw her alive on **Nov. 26, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Atelectasis** Duration **3 days**

Due to _____

Due to _____

Other conditions **IVW**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

265 While at work? _____ (Specify type of place) (e) Means of injury **2**

23. Signature **G.W. Held** (M. D. or other) **DO.**

Address **New Haven, Mo.** Date signed **11/27/40**

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.