

FILED MAY 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14017

State File No. _____

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 157

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo ^{Ohio} (b) County Butler ⁹⁹⁹
(c) City or town Toledo Ohio ²³
(If outside city or town limits, write "RURAL")
(d) Street No. 301 Clifflord Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Ruby Huff Reading

3. (b) If veteran, name war _____ 3. (c) Social Security No. 277-12-0594

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James R. Reading 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Oct 15 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>5</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace: Foley Mo
(City, town or county) (State or foreign country)

10. Usual occupation Fore lady float Dept

11. Industry or business Carburettor, Leo

12. Name James R. Huff Sr

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

14. Maiden name Francis Fulton

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

16. (a) Informant John R. Reading
(b) Address Toledo Ohio

17. (a) removal (b) Date thereof 4/10-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Toledo Ohio

18. (a) Signature of funeral director Frank Mortuary
(b) Address Poplar Bluff Mo

19. (a) 4/19/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1941 hour 5 minute 50 A M.

21. I hereby certify that I attended the deceased from 4-7-1941 to 4-8-1941
that I last saw her alive on 4-5-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus & acidosis

Due to _____
Due to _____

Other conditions 61
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

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) Means of injury _____

23. Signature W. Hancher (M. D. or other) _____
Address Poplar Bluff Mo Date signed 4-19-41

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

12
7
3

RECEIVED

District Health Officer No. 2.

District File Number 541-610

Date Filed 5/14/41

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 Grover W. Greer

Licensed Embalmer No. 2964

P. O. Address Peplai Bluff Mo.

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.