

STANDARD CERTIFICATE OF DEATH

14446

Registration District No. 288Primary Registration District No. 5406

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County DUNKLIN---Rural
 (b) City or town Kennett
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2 Mi. N.E.
 (If not in hospital or institution, write street number or location)
None
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community 20 years--About
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 30
 (c) City or town Kennett, Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2 mi N.E.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 16
 year 1941 hour 3 minute 05 P.M.
 21. I hereby certify that I attended the deceased from April 13
1941, to April 15 1941;
 that I last saw her alive on April 15 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Nephritis - Uremia 2 hours
Pregnancy 9 days

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

Major findings:
 Of operations none

Of autopsy none

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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 J. R. Wheeler (M.D. or other) Chad
 Address Kennett, Mo Date signed 5-17-41

3. (a) PRINT FULL NAME Ruby Hendricks Witham

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

4. Sex F / 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Albert Witham 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased. May 12 1907
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 11 5 hr. min.

9. Birthplace Russell / Arkansas
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Charles Hendricks-

13. Birthplace Not Known 9
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Murry
 15. Birthplace Augusta, Arkansas
 (City, town, or county) (State or foreign country)

16. (a) Informant Albert Witham(b) Address RFD 2 Kennett, Mo.

17. (a) Burial (b) Date thereof April 17 41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gregory
Parabola

18. (a) Signature of funeral director _____

(b) Address Kennett, Mo.

19. (a) 4-16-41 (b) Wheeler
 (Date received local registrar) (Registrar's signature)

144 Pz

RECEIVED

District Health Officer No. 2.

District File Number 541-399

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 *Balmer*

Licensed Embalmer No. 2556

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14446

Registration District No. 285

Primary Registration District No. 5406

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Independence, 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 _____
years, months or days

3. (a) PRINT FULL NAME Ruby Hendricks Witham

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

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

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

7. Birth date of deceased (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 33 Months 11 Days 6 If less than one day _____ hr _____ min

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant's _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: month apr day 16
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis Duration _____

uremia

Due to _____

Pregnancy

Due to Delivery 2 days before death full term

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

Major findings: Of operations _____ Of autopsy 1478

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? _____

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

23. Signature A. K. Knevel (M. D. or other) _____
Address Independence, Mo. Date signed _____

SUPPLEMENTARY

S-14446