S. No. 2
M—5-42
5-17-39
X32872

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6962

State File No.

FILED MAR 12 1943

Registration District No. 2090 — Primary Registration District No. 3041 — Registrar's No. 23

1. PLACE OF DEATH:
(a) County: Macon
(b) City or town: Macon
(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 years, months or days): In this community: always

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Macon
(c) City or town: Macon
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Mary Ruby
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: January 11 (Month) 1858 (Day) (Year)
8. AGE: Years 85 Months 1 Days 10 If less than one day hr. min.
9. Birthplace: Macon Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Samuel Fox
13. Birthplace: Mo (City, town, or county) (State or foreign country)
14. Maiden name: Martha Gaunt
15. Birthplace: Virginia (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs C A Benguet
(b) Address: Kansas City Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Feb 23-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Oakwood Cem
18. (a) Signature of funeral director: Albert Skyman
(b) Address: Macon Mo
19. (a) 3/4/43 (Date received local registrar) (b) Nora B. Munkler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 21 day 21 year 1943 hour 17:30 minute a M.

21. I hereby certify that I attended the deceased from Several years, 19..., to Feb 21, 1943 that I last saw her alive on Feb 20, 1943, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Breast — Duration: 6 yrs.
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): Metastasis to lung & stomach
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? (Specify type of place)
While at work? (Yes or No) Means of injury: 0

23. Signature: Leonard Mueller (M. D. or other)
Address: Macon Mo Date signed: 3/3/43

1037

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-4-3-539
Date Filed MAR 11 1943

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 Albert S Kenner

Licensed Embalmer No. 75-1

P. O. Address Macon 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, fact should be so stated above.