V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED APR 0 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10782

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 36

59 / 2

1. PLACE OF DEATH:
(a) County: Livingston
(b) City or town: Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 25 years

2. USUAL RESIDENCE OF DECEASED: 59
(a) State: Missouri. (b) County: Livingston 1
(c) City or town: Chillicothe 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 204 East Polk
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Ruth Lorretta Shobe

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White 1

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: William Andy Shobe

6. (c) Age of husband or wife if alive: 49 years

7. Birth date of deceased: Dec. 4 (Month) 4 (Day) 1895 (Year)

8. AGE: Years 47 Months 3 Days 8 If less than one day: hr. min.

9. Birthplace: Keytesville (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: John Bevington
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: " (City, town, or county) 9 (State or foreign country)

16. (a) Informant: William Andy Shobe
(b) Address: Chillicothe, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-13-'43 (Month) (Day) (Year)
(c) Place: burial or cremation: Edgewood Cemetery

18. (a) Signature of funeral director: F. B. Norman Co.
(b) Address: Chillicothe, Missouri.

19. (a) March-13 (Date received local registrar) (b) Leo Ella Carey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 12th year: 1943 hour: 1:00 minute: A: M.

21. I hereby certify that I attended the deceased from March 5, 1943 to March 12, 1943; that I last saw her alive on March 11, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Heart decompensation — Duration: 1 week
Due to: Aortic Lesion — ??
Due to: positive 47
Other conditions (Include pregnancy within 3 months of death): X 309
Major findings:
Of operations: X
Of autopsy: X

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? (e) Means of injury: 0

23. Signature: R. B. Berenman (M. D. or other)
Address: Chillicothe, Mo. Date signed: 3/12/43

458 (Licensed Embalmer's Statement on Reverse Side)

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

E. R. Norman, Registered Apprentice No.

working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, Missouri.

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.