

Registration District No. 280

Primary Registration District No. 5960

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Dearborn Missouri Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Green Tree
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 74 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 1943 hour 8-15 minute _____ M.

21. I hereby certify that I attended the deceased from Feb 24 1943 to Feb 25 1943
that I last saw him alive on Feb 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Left Breast
Duration 3 yrs

Due to _____
Due to _____

Other conditions _____
(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature M. H. Moore (M. D. or other) _____
Address Dearborn, Mo. Date signed 2/27/43

3. (a) PRINT FULL NAME Ruby V. Wells

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, 2 divorced, Widow

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

7. Birth date of deceased Aug 6 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 6 19 hr. _____ min.

9. Birthplace Platte Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Earning

11. Industry or business Farr Products

12. Name John Pepper

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

14. Maiden name Margaret Jones

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

16. (a) Informant Ward Anderson

(b) Address Dearborn, Missouri

17. (a) Burial (b) Date thereof 2-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Pleasant Ridge

18. (a) Signature of funeral director Arthur Davis

(b) Address Dearborn, Missouri

19. (a) Feb 26 43 (b) Mrs Clay Hiffes
(Date received by local registrar) (Registrar's Signature)

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

83
00

FILED APR 3 1943

RECEIVED

District Health Officer No. Platt
District File Number 4-43-34
Date Filed 4-2-43

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 L

 , Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 4160

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.