

No. 2
-5-42
-17-39

21188

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 118

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

1. PLACE OF DEATH:

(a) County: Cole

(b) City or town: Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One day
(Specify whether years, months or days)

In this community One day

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Wood

(c) City or town: Babcock, Missouri
(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 _____

3. (a) PRINT FULL NAME: BARBARA TIFFANY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 31, year _____, hour 1, minute 30 A.M.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: May 30, 1943
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 30 1943 to May 31 1943 that I last saw him alive on May 31 1943 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>1</u>	_____ hr. _____ min.

Immediate cause of death: atalectasis of lungs

Due to _____

Due to _____

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

10. Usual occupation: at home

Other conditions (Include pregnancy within 3 months of death): 161a

MOTHER FATHER

11. Industry or business: Ruby Tiffany

12. Name: Babcock, Mo.

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

14. Maiden name: Anna Brant

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

Major findings: 161a

Of operations _____

Of autopsy _____

16. (a) Informant: Ruby Tiffany

(b) Address: St. Leonard St. and 2nd St. Mo.

17. (a) Wainwright (b) Date thereof: 6/1/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Wainwright, Mo.

18. (a) Signature of funeral director: Sylvester Rull

(b) Address: Jefferson City, Mo.

19. (a) 6-3-43 (b) Therand Richter
(Date received local registrar) (Registrar's signature)

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: Ruby Tiffany (M.D. or other) _____

Address: Jefferson City, Mo. Date signed: 6/2/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....
No Embalming....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.