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M-5-42
5-17-33
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32220**

OCT 11 1943

Registration District No. 257

Primary Registration District No. 5880

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Linn Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Linn, Mo. R.D.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage
(c) City or town Linn - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Linn, Mo. R.D.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Ruby Luise Pinet

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, child

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

7. Birth date of deceased September 19th, 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 4 hr. _____ min.

9. Birthplace Linn, Mo. R.D.
(City, town, or county) (State or foreign country)

10. Usual occupation Child.

11. Industry or business _____

12. Name Louis M. Pinet

13. Birthplace Osage County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ruby F. Mantle

15. Birthplace Osage County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Louis M. Pinet

(b) Address Linn, Mo.

17. (a) Burial (b) Date thereof 9-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetary

18. (a) Signature of funeral director Clyde Morton

(b) Address Box 144, Linn, Mo.

19. (a) Sept 22 1943 (b) T. S. Sumner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19th,
year 1943 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from Sept. 19 1943 to Sept 19 1943 at 11:30 PM and that death occurred on the date and hour stated above.

Immediate cause of death Enlarged Prostate

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 64

Major findings: Of operations _____

Of autopsy _____

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 2

23. Signature Roman W. Baldwin (M.D. or other) _____

Address Linn Date signed 9-20-43

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

MOTHER FATHER

1286

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 *Vernon Morton*.....

Licensed Embalmer No. *4125*.....

P. O. Address *Levin*.....

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.