

FILED SEP 14 1944

Registration District No. 1346

Primary Registration District No. 2001

Registrar's No. 425

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1710 W. "B" St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1710 W. "B"
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Ruby Waugh

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30
year 1944 hour 7:30 minute 0 M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nicholas 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Aug 8 (Month) 15 (Day) 1899 (Year)

Immediate cause of death Gun shot through the mouth Duration _____

8. AGE: Years 45 Months 0 Days 15 If less than one day _____ hr. _____ min.

Due to _____

9. Birthplace Tulsa (City, town, or county) OK 121 (State or foreign country)

Due to _____

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: _____

12. Name Unknown

Of operations _____

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

Of autopsy _____

14. Maiden name Unknown

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

16. (a) Informant Nicholas Waugh

(b) Address 1710 W. "B" Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2, '44 (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Memorial

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address 305 W. Fourth St.
19. (a) 9-1-44 (Date received local registrar) (b) Justine Siegholte (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) homicide

(b) Date of occurrence Aug 30, 1944

(c) Where did injury occur? Joplin, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

(e) While at work? _____ (Specify type of place) (f) Means of injury gun
23. Signature R. W. Vestal (M. D. or other) Aug 31
Address West Plains, Mo. Date signed _____

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

MOTHER, FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

1204

(Licensed Embalmer's Statement on Reverse Side)

44

44-9-927

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.....

David Dillon

Licensed Embalmer No. 3898

P. O. Address. Joplin 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.