

S No. 1  
M-5-42  
v. 5-17-39  
I X32873

37142

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 12 1944

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 244

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cancer Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ruppert, Clara

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 490-10-0798

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced, 3 divorced

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Dec - 26 - 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

54 10 14 hr. min.

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

10. Usual occupation Machine operator

11. Industry or business in Smith Overall Factory

12. Name Langley, George

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

14. Maiden name Cantrell, Sarah

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

16. (a) Informant Ruppert, Clara

(b) Address 424 N. Chestnut, Carthage, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-15-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Carthage Missouri

18. (a) Signature of funeral director Tarkenton

(b) Address Columbia Missouri

19. (a) 11-15-44 (Date received local registrar) (b) Clara T. Barber (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasper <sup>49</sup>

(c) City or town Carthage (If outside city or town limits, write "RURAL") <sup>1</sup>

(d) Street No. Carthage (If rural, give location) <sup>3</sup>

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 14 year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from November 5 1944 to November 14 1944; that I last saw her alive on November 14 1944 and that death occurred on the date and hour stated above.

Immediate cause of death anemia with uremia Duration \_\_\_\_\_

Due to blockage of both ureters by metastatic ca.

Due to carcinoma of cervix

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy carcinoma of cervix

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 \_\_\_\_\_

23. Signature Nathaniel D. King (M. D. or other) <sup>MD</sup>

Address Mo. State Cancer Hosp. Date signed 11/15/44

DEC 19 1944

OCT 8 1948

DEC 12 1944

JUL 7 1955

RECEIVED

District Health Officer No. 9

District File Number \_\_\_\_\_

Date Filed 12-11-44

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 M. S. Philander

Licensed Embalmer No. 3893

P. O. Address Palumbia 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.