S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1945

Registration District No. 5

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3010

State File No. 1886

Registrar's No. 34.

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Mo. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 hours (Specify whether years, months or days)
In this community: 6 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cape Girardeau
(c) City or town: 140 South Middle Street (If outside city or town limits, write "RURAL")
(d) Street No. Cape Girardeau, (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Ruby Helen Hagar
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: Married
6. (b) Name of husband or wife: Orval Hagar
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: March (Month) 25th (Day) 1910 (Year)

8. AGE: Years	Months	Days	If less than one day
34	10	3	hr. min.

9. Birthplace: Stover (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housework
11. Industry or business:
FATHER 12. Name: Joe Crenshaw
FATHER 13. Birthplace: Don't Know (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Sophia Allen
MOTHER 15. Birthplace: Stover (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Orval Hagar
(b) Address: Cape Girardeau, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-30-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairmont Cemetery
18. (a) Signature of funeral director: L. L. Haman
(b) Address: Cape Girardeau, Missouri.
19. (a) 2-3-45 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 28 day year 1945 hour 2 minute 40 P.M.
21. I hereby certify that I attended the deceased from Jan 28th, 1945, to Jan 28, 1945 that I last saw her alive on Jan 28, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
~~Hemorrhage~~	
Due to: Placenta previa	
Due to: Pregnancy	
Other conditions (Include pregnancy within 3 months of death): Dead foetus in utero	

Major findings:
Of operations: 1430
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: G. R. Schulz, (M. D. or other)
Address: Cape Girardeau, Mo. Date signed 2/2/45

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 245-236

Date Filed 2-2-45

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

Lee Townes, Registered Apprentice No. 376,

working under my personal supervision.

Signed R. R. Hammond

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau, Missouri

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.