

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 2 1946
Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36189**
Registrar's No. **1319**

Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County. Buchanan
(b) City or town. St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 4 days
In this community 31 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. Buchanan
(c) City or town. St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 218 E. Missouri Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ruby P. Wright
(b) If veteran, name war. None
(c) Social Security No. None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Fred
6. (c) Age of husband or wife if alive. 50 years
7. Birth date of deceased. June 19 1899
(Month) (Day) (Year)

8. AGE: Years 47 Months 5 Days 4
If less than one day hr. _____ min. _____

9. Birthplace. Neddeleton Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation. Housewife

MOTHER FATHER { 11. Industry or business. _____
12. Name. John Patton
13. Birthplace. Not Known
(City, town, or county) (State or foreign country)
14. Maiden name. Ellen L. Blalock
15. Birthplace. Lock Springs Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant. Fred Wright
(b) Address. St Joseph, Mo.
17. (a) Burial (b) Date thereof. 11-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Ashland Cemetery
18. (a) Signature of funeral director. Fleeman & Son Inc.
(b) Address. St Joseph, Mo.
19. (a) Nov. 29, 1946 (Date received local registrar)
(b) E. L. Jenkins by Stella Smith Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1946 hour 2 minute 50 P. M.
21. I hereby certify that I attended the deceased from
November 20 1946 to November 23 1946;
that I last saw her alive on November 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death. Myelotic Leukemia
Duration Ukn.
Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations. _____
Of autopsy. 74A
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. 1
23. Signature Ann W. Slaney M.D. (M. D. or other)
Address 405 North Blvd. Date signed 25 Mar 46
St. Joseph, Mo.

JAN 20 1947

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.....

Robert H. Guple

Licensed Embalmer No. 3308.....

P. O. Address. St Joseph, 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.