

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39558**

FILED DEC 17 1946

Registration District No. 14

Primary Registration District No. 5063

Registrar's No. 46

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Barton City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 406
years, months or days)

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

3. (a) PRINT FULL NAME Ruth Marie Dighero
3. (b) If veteran, name war None
3. (c) Social Security No. _____
4. Sex Female 5. Color or race whi
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive None years
7. Birth date of deceased Dec. 8 1946
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8th day Dec.
year 1946, hour 7:30 minute AM
21. I hereby certify that I attended the deceased from Dec. 7th
1946 to Dec 8 1946
that I last saw her alive on Dec 8 1946
and that death occurred on the date and hour stated above.
Immediate cause of death atelectasis

8. AGE:	Years	Months	Days	If less than one day
			<u>1</u>	<u>0</u> hr. <u>0</u> min.

Due to Premature Birth
Due to None

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

Other conditions None
(Include pregnancy within 3 months of death)

10. Usual occupation None
11. Industry or business None

Major findings: None
Of operations None

MOTHER, FATHER
12. Name Dominic Dighero
13. Birthplace Irwin Mo. D
(City, town, or county) (State or foreign country)
14. Maiden name Dorothy Niemeier
15. Birthplace H. Scott Mo.
(City, town, or county) (State or foreign country)

Of autopsy None
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence None
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Dominic Dighero
(b) Address Irwin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/46
(Month) (Day) (Year)

While at work? No (Specify type of place)
(c) Means of injury 0

(c) Place: burial or cremation Bluff Cemetery
18. (a) Signature of funeral director Brent
(b) Address Childen Mo.
19. (a) Dec. 46 (Date received local registrar) (b) Walter Liberal (Registrar's signature)

23. Signature F. R. Bell (M. D. or other)
Address Liberal Mo. Date signed 12/8/46

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

RECEIVED
District Health Officer No. 6,
District File Number 1246-1241
Date Filed DEC 11 1946

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.....
Licensed Embalmer No.....
P.O. Address.....

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.