

Registration District No. 73

Primary Registration District No. 3014

State File No. _____
Registrar's No. 66

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Her Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all her life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. 203 N. Green
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PAULINA ROBINSON

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced 2 widowed
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 3-1856
(Month) (Day) (Year)

8. AGE: Years 89 Months 1 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation house wife

11. Industry or business _____

12. Name Benjamin Ruff mo. 11

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

14. Maiden name Ruth Dougherty

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

16. (a) Informant Mrs. Dussie Irving

(b) Address Liberty Mo

17. (a) Burial (b) Date thereof June 1-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farm - Liberty Mo

18. (a) Signature of funeral director Church - Arthur Co

(b) Address Liberty Mo.

19. (a) 5-31-45 (b) Delbert Early
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1945 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from last 20 years 1925 to May 30 1945
that I last saw her alive on about May 25 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
Senility - final was probably cerebral (sudden) Haemorrhage
Due to _____
Due to _____

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

Major findings: Of operations 830
Of autopsy _____

Duration

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 Wayt Goodson (M. D. or other) _____

Address Liberty Mo. Date signed 5/31/45

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

24
2
1

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 6/19/48

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 Edgar Archer
Licensed Embalmer No. 3311
P. O. Address Liberty, 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.