

FILED JUL 11 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21804

Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 391
 (b) ~~Township~~ ARCATA Primary Registration District No. 4230 Registered No. 0
 (c) City Ironton (d) Street No. ST. MARY'S Armadillo Valley HOSPITAL St. 0
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ruth Englehart

(a) Residence, No. Fredericktown, Missouri (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Melvin ENGLEHART</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 15, 1905</u>		
7. AGE	YEARS	MONTHS
	<u>36</u>	<u>10</u>
		DAYS
		<u>10</u>
		IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) <u>Vanduser, Mo.</u> (STATE OR COUNTRY)		
13. NAME <u>R. J. Dabbs</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Christian Co., Ky.</u> (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Fannie Evans</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Sonora, Ky.</u> (STATE OR COUNTRY)		
17. INFORMANT <u>Melvin Englehart</u> (ADDRESS) <u>Fredericktown, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fredericktown</u> DATE <u>6-27-41</u>		
19. FUNERAL DIRECTOR (NAME) <u>Stanley B. Ripston</u> (ADDRESS) <u>Fredericktown, Mo.</u>		
20. FILED <u>July 2, 1941</u> <u>Julia A. Hutton</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1941

22. I HEREBY CERTIFY, That I attended deceased from
June 14, 1941, to June 25, 1941
 I last saw her alive on June 25, 1941. Death is said
 to have occurred on the date stated above, at 4:15 P m.
 The principal cause of death and related causes of importance were as follows:
Intestinal obstruction
 Date of onset

Other contributory causes of importance:
Pregnancy

Name of operation Laparotomy Date of 6-21-41
 What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) George G. M.D. M. D.
 (Address) Ironton, Mo.

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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 *Stanley H. Dixon*

Licensed Embalmer No. *4193*

P. O. Address *Fredericktown, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21804

Registration District No. 391

Primary Registration District No. 4230

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Gron

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

(c) Name of hospital or institution: St. Marie Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison

(c) City or town Fredereketowne
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country _____
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ruth Engelhart

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased _____
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal Obstruction Duration _____

Due to adhesions of _____

Due to old inflammation _____

Other conditions: Pregnancy N.M.D.

Major findings: Laparotomy 12/2/19

Of operations _____

Of autopsy no

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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTAL

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

MOTHER FATHER {
Gron Mo

