

STANDARD CERTIFICATE OF DEATH

State File No. 23057

Registration District No. 871

Primary Registration District No. 6155

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Oage Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 20  
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)  
In this community 15 years

3. (a) PRINT FULL NAME Ruby Lee Wilson  
3. (b) If veteran, name war ✓  
3. (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 Ben H. Wilson 6. (c) Age of husband or wife if alive Out 10 years  
7. Birth date of deceased Feb. 7, 1903  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>4</u>	<u>17</u>	hr. min.

9. Birthplace Johnson County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Homekeeper

11. Industry or business ✓

MOTHER FATHER  
12. Name Delauda Brothers  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Elliott  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. J. B. ...

(b) Address St. Louis Missouri

17. (a) Burial (b) Date thereof June 26, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Hill Cemetery

18. (a) Signature of funeral director Hayden Funeral Service

(b) Address Newada Missouri

19. (a) 6-27-40 (b) Julma Wilson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon  
(c) City or town Rural Oage Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. West of Stanton Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw her alive on April 10 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Adeno carcinoma  
Due to general with  
extensive metastasis 9 mo  
Due to \_\_\_\_\_

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

Major findings:  
Of operations None  
Of autopsy None

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 [Signature] (M. D. or other) ✓  
Address St. Louis Mo Date signed 6-25-40

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

DECEMBER 14 1968  
 STATE OF MISSISSIPPI  
 HEALTH DEPARTMENT  
 DIVISION OF BUREAU OF HEALTH  
 17-1-6-7-1-1  
 Filed  
 License Number

**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 Allen V. Kays

Licensed Embalmer No. 1468

P. O. Address Nevada, 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.**