

REC'D JUL 11 1939

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

21628
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township 2 Primary Registration District No. 1001 Registered No. 665
 (c) City St. Joseph (d) Street No. Mo. Methodist Hospital St.
 (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. 7 ds. (f) How long in U. S., if of foreign birth? 65 yrs. mos. ds.
 2. PRINT FULL NAME August B. Ruhnke
 (a) Residence, No. Mo. Meth. Hosp. St. Truy Kansas
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adas Ruhnke
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 1859
 7. AGE YEARS 82 MONTHS 1 DAYS 15 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) Dec-1934 11. Total time (years) spent in this occupation Life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Adolph Ruhnke
Truy Kansas
 18. BURIAL, CREMATION, OR REMOVAL PLACE Truy Kansas DATE 6/30 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. F. Kard
Truy Kansas
 20. FILED June 30 39 A. Seible
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/30 1939
 22. 1/23/39 HEREBY CERTIFY, That I attended deceased from 6/30/39 to 6/30/39
 I last saw him alive on 6/30/39 Death is said to have occurred on the date stated above, at 3:25 m.
 The principal cause of death and related causes of importance were as follows:
Broncho - Pneumonia Date of onset 10/1/38
 Other contributory causes of importance: Septicemia of Prostate
 Name of operation None Date of
 What test confirmed diagnosis? Microsc. 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? No
 If so, specify
 (Signed) Charles Greenberg M. D.
 (Address) Pr. City, St. Joseph Mo

WHILE FURNISHING WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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, me

E. F. Karr

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed E. F. Karr

Licensed Embalmer No. 2586

P. O. Address Troy - Ala

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.