REG'D SEP 8 1939

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

29487
Do not use this space.

1. PLACE OF DEATH
(a) County Johnson ?
(b) Township or City Warrensburg !
Registration District No. 431
Primary Registration District No. 3023
Registered No. 100
(d) Street No. ..... 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Paralee Ruddle
(a) Residence, No. 340 St.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-10-1880

7. AGE: Years 59 | Months 1 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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) (STATE OR COUNTRY) Hamblen Co. Tenn !

FATHER
13. NAME Wm. Ruddle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamblen Co. Tenn !

MOTHER
15. MAIDEN NAME Celia Ann Clinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamblen Co Tenn

17. INFORMANT (ADDRESS) Mrs. Walter O. Brien Warrensburg. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Aug 30, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sweeney-Phillips Warrensburg. Mo.

20. FILED Aug 30, 1939 Earl Gentry Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1939, to Aug 28, 1939
I last saw her alive on Aug 28, 1939 Death is said to have occurred on the date stated above, at 10 A.M.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 8-28-39
54

Other contributory causes of importance: Diabetes Mellitus ?

Name of operation ..... Date of
What test confirmed diagnosis? Lab + clinical 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) R. Lee Cooper M. D.
(Address) 391 Warrensburg Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, 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.

50M-6-19-38 I X16605

RECEIVED
District Health Officer No. 8
File Number 9/6/39

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 Earl Priest, Registered Apprentice No. ....., working under my personal supervision.

Signed Earl Priest

Licensed Embalmer No. 3738

P. O. Address Warrensburg 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.