

Registration District No. 919

Primary Registration District No. 5793a

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Rural Hawcreek Twp.
(c) Name of hospital or institution:
(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 Missouri (b) County Morgan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 miles north of Stover, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Geshe Rugen 250

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Louis Christian Rugen 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 23rd. 1862
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Morgan Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Gavert Ehlers
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Geshe Loedel
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hugo E Rugen
(b) Address Stover Mo.

17. (a) Burial (b) Date thereat Mar. 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pymont Cemetery

18. (a) Signature of funeral director Ralph Stevenson
(b) Address Stover Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd.
year 1940 hour 3 minute 30 P. M.

21. I hereby certify that I attended the decedent from Feb 27 40
1940 to Feb 29 1940
that I last saw h. ER alive on Feb 27 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 4 days
Due to Influenza
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) HW

Major findings: _____
Of operations _____
Of autopsy ✓

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) _____
Means of injury _____

23. Signature Chas A West (M. D. or other) 1
Address Stover Mo Date signed 3/4/40

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED
Health Officer No. 7
3-10-49
District No. 14-40
Date Filled

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.....

Jamell Stevenson

....., Registered Apprentice No.

working under my personal supervision.

Signed *Jamell Stevenson*

Licensed Embalmer No. 4073

P. O. Address Stover, 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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 7488

Registration District No. 919

Primary Registration District No. 5793A

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Fastgreen Rural
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Keshea Ruger

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced wid

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

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

8. AGE: Years 77 Months 2 Days 8 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or 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 _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Mar - 11 1940 (b) Wm. L. Ripberger (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mar day 22 year 1940 hour _____ minute _____ M.

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

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature Chas. A. West (M. D. or other) _____

Address Shower Mo _____ Date signed _____

SUPPLEMENTARY

