

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

**17695**  
Do not use this space.

FILE JUN 17 1940

1. PLACE OF DEATH  
 (a) County JACKSON 2 Registration District No. 399  
 (b) Township Kaw 0 Primary Registration District No. 1002 Registered No. 2222  
 (c) City KANSAS CITY, Mo. (d) Street No. 1421 Prospect AVE. 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 7 yrs. 1 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME Jordan Ellsworth Ruhl Jordan Ellsworth Ruhl  
 (a) Residence, No. 1421 Prospect Ave. K.C., Mo. St.  (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 MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Gussie G. Ruhl  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8 1869  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 2 22  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician  
 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) 2-1-40 11. Total time (years) spent in this occupation 22-3/4  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Point, Mo. 0  
 FATHER 13. NAME John P. Ruhl 1  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1  
 MOTHER 15. MAIDEN NAME Belle Cable  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 17. INFORMANT Mrs. Susie Ruhl  
 (ADDRESS) 1421 Prospect K.C., Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Altany, Mo. DATE 5-31 40  
 19. FUNERAL DIRECTOR (NAME) Henton Beale Bowman  
 (ADDRESS) St. Joseph Mo  
 20. FILED May 30, 1940 M. D. Cronin  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1940  
 22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937 to May 30, 1940  
 I last saw him alive on May 30, 1940 Death is said to have occurred on the date stated above, at 10:10 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Prostate Gland 1936  
51  
 Other contributory causes of importance:  
 Name of operation Prostate Resection Date of 6/10/37  
 What test confirmed diagnosis Microscopic 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) E. T. Blood, M. D.  
 (Address) 1218 N. 3rd St.  
St. Joseph, Mo.

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.

**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 Harold Bowman  
Licensed Embalmer No. 3619  
P. O. Address St. Joseph, 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.**