DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31760

Registration District No. 201 Primary Registration District No. 6280 Registrar's No. 72

1. PLACE OF DEATH:

(a) County Clay

(b) ~~City or town~~ Liberty

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: I.O.O.F. Home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 years 3 (Specify whether

In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Liberty

(If outside city or town limits, write "RURAL")

(d) Street No. I.O.O.F. Home

(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Mollie D. Henson Ruyle

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife George E. Ruyle

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Sept (Month) 11 (Day) 1862 (Year)

8. AGE: Years 78 Months 0 Days 12 If less than one day ___ hr. ___ min.

9. Birthplace Platte Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Inmate of I.O.O.F. Home

11. Industry or business ✓ 0

FATHER
12. Name Gale C. Henson 1
13. Birthplace ~~N~~ (City, town, or county) Ky (State or foreign country) 1

MOTHER
14. Maiden name Nancy Phillips
15. Birthplace — (City, town, or county) Ind. (State or foreign country)

16. (a) Informant's own signature Clark Ruyle

(b) Address Liberty. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview. Liberty. Mo

18. (a) Signature of funeral director Chmd. Archer Co

(b) Address Liberty. Mo

19. (a) Sept. 25-40 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23rd year 1940 hour 6 minutes 45 A.M.

21. I hereby certify that I attended the deceased from July 10, 1940 to Sept 23, 1940 that I last saw her alive on Sept 22, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

162

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? 940 (Specify type of place)

While at work? ✓ (e) Means of injury

23. Signature J. H. Matthews (M. D. or other)

Address Liberty Mo Date signed Sept 24/40

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 1 X19511

RECEIVED
... Health Officer No. 8
... File Number 10-14-40
Date Filed

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.