

Registration District No. 710

Primary Registration District No. 5939

Registrar's No. 4789

1. PLACE OF DEATH

(a) County Polk Wynona Mo.
(b) City or town Pleasant Hope
(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 20
(Specify whether
In this community 60 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Pleasant Hope
(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 June day 26
year 1940 hour 8 minute 00 M.
21. I hereby certify that I attended the deceased from
March 1940 to June 26 1940
that I last saw him alive on June 20 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis
Arterio Sclerosis
Arterial Hypertension
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) g2c

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME

Nancy Louise Ruxdell

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Ruxdell 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 4, 1881
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Dade County Missouri
(City, town or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business House work

12. Name Henry Rooder

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Thurshay Hegay

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. S. Drake

(b) Address Pleasant Hope, Mo.

17. (a) Burial (b) Date thereof June 28, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hope

18. (a) Signature of funeral director William S. Erwin

(b) Address Pleasant Hope, Mo.

19. (a) Oct 3-40 (b) Estelle Benton
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy _____

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? _____

(Specify type of place) _____
While at work (Specify type of place) _____
(Specify type of place) _____
Means of injury _____

23. Signature Mar Schick (M. D. or other) MD
Address Springfield Mo Date signed 10/1/40

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

RECEIVED

District Health Officer No. 7,

District File Number 10-40-1389

Date Filed 10-7-40

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, _____

Personally
working under my personal supervision.

_____, Registered Apprentice No. _____

Signed Richard D. Emmer

Licensed Embalmer No. 3092

P. O. Address Salman, 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.