

FILED JAN 17 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42731

Registration District No. 1159

Primary Registration District No. 5549

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Iron  
(b) City or town Graniteville Iron  
(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 life years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron  
(c) City or town Graniteville  
(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.

3. (a) PRINT FULL NAME Sanford John Ruple

3. (b) If veteran, name war # \_\_\_\_\_ 3. (c) Social Security No. # \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jennie Ruple 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased December 11, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 11 29 hr. min.

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

10. Usual occupation Blacksmith

11. Industry or business \_\_\_\_\_

12. Name John Ruple

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Jennie Ruple

(b) Address Graniteville Mo.

17. (a) burial (b) Date thereof Dec. 12, 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middlebrook Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address 21 White Ironton Mo.

19. (a) Dec 28 1940 (b) Mrs. J. A. Townsend  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10  
year 1940 hour 5 minute 25 P. M.

21. I hereby certify that I attended the deceased from Nov. 23rd, 1940 to Dec. 3rd, 1940.  
that I last saw him alive on Dec 1st, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death acute Bronchopneumonia 2/3/40  
Duration

Due to acute naso-pharyngitis 11/23/40

Due to \_\_\_\_\_

Other conditions chronic myocarditis?  
chronic bronchitis?  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ PHYSICIAN

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_ 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? \_\_\_\_\_

356 (Specify type of poison) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature P. E. Harland (M. D. or other) mid

Address Ironton, Mo Date signed 12/13/40

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

**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 *Paul J. White*

Licensed Embalmer No. *3012*

P. O. Address *Greenville S.C.*

**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.**