S. No. 2
—11-10-39
. 5-17-39
▶ I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1515

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 33

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1. PLACE OF DEATH:

(a) County: Adair
(b) City or town: Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nurse Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Macon
(c) City or town: La Plata
(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

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3. (a) PRINT FULL NAME: John Allen Ruddell
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: M
5. Color or race: Wh.
6. (a) Single, ~~widowed, married,~~ divorced: (1)
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: 12 (Month) 1 (Day) 1854 (Year)

8. AGE: Years	Months	Days	If less than one day
86	1	27	____ hr. ____ min.

9. Birthplace: Ill. (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business ____
FATHER 12. Name: William S. Ruddell
FATHER 13. Birthplace: Unk (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name: Unk
MOTHER 15. Birthplace: Unk (City, town, or county) 9 (State or foreign country)
16. (a) Informant: K. F. Ruddell
(b) Address: La Plata, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-30-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Gilliz, Mo
18. (a) Signature of funeral director: E. E. Wolfe
(b) Address: Clarence, Mo
19. (a) Jan. 28/41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28 year ~~1940~~ 1941 hour 10 minute 15 A. M.
21. I hereby certify that I attended the deceased from December twenty first, 19 40 to January 28, 19 41 that I last saw him alive on January 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia — Duration
Due to ____
Due to ____
Other conditions (Include pregnancy within 3 months of death): DM
Major findings: Of operations: No operation
Of autopsy: No 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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

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23. Signature: A. R. Schultz (M.D. or other) D.O.
Address: 1507 Marsh Kirksville, Mo. Date signed: 1/28/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-41-395
Date Filed FEB 19 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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.