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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 21195

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. D 652

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

11
1
7

**1. PLACE OF DEATH:**

(a) County Buchanan

(b) City or town St. Joseph, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1701 SO. 9TH ST. St. Joseph, Mo. (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 16 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph, (If outside city or town limits, write "RURAL")

(d) Street No. 1701 So. 9th. (If rural, give location) 0

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

3. (a) PRINT FULL NAME Dorothy Mae Carl

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 Married

6. (b) Name of husband or wife Grant

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased January (Month) 30 (Day) 1925 (Year)

8. AGE: Years 16 | Months 4 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Buchanan County (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Edward Rusow
13. Birthplace St. Joseph, (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mary P. SHAIN
15. Birthplace Topeka (City, town, or county) Kansas 1 (State or foreign country)

16. (a) Informant Mary P. Phillip

(b) Address Rt. # 5, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/41 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn

18. (a) Signature of funeral director John E Rupp

(b) Address 6054 Pryor Ave.

19. (a) June 27 1941 (Date received local registrar) (b) H J Nettlebush (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 24 year 1941 hour 10 minute 00 P. M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on June 24, 1941, to ....., 19....; that I last saw ~~him~~ ~~alive on~~ ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Homicide by fire arms. penetrating wound of a 32 Caliber bullet through the head Bullet etered Chin and exit 1½ inch posterior to right ear. with distruction and loss of brain substance

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 166
Of autopsy no

Duration: 1 day

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) Homicide

(b) Date of occurrence June 24-1941

(c) Where did injury occur? St Joseph (City or town) Buchanan (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place corner of 6 and Sycamore (Specify type of place)

While at work? no (e) Means of injury Pistol shot

23. Signature H F Mundy (M. D. or other) Coroner

Address 404 So 3d St Date signed 6/25/41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

## 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

Myslef, Registered Apprentice No.

working under my personal supervision.

Signed John E Ruff

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Missouri

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**