

Registration District No. 904 Primary Registration District No. 4546 Registrar's No. _____

1. PLACE OF DEATH:

(a) County North
(b) City or town Sheridan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 52 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN BAPTIST RUH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MC 5. Color or race W 6. (a) Single, widowed, divorced, married
(b) Name of husband or wife Clara Elizabeth Ruh (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 17 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Colmar, France
(City, town, or county) (State or foreign country)

10. Usual occupation Banker

11. Industry or business _____

MOTHER FATHER { 12. Name Unk Rupen
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Unk Rupen
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara E. Ruh
(b) Address Sheridan, MO

17. (a) Burial (b) Date thereof 6-8-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sheridan, Mo.

18. (a) Signature of funeral director John C. Dwyer
(b) Address Grant City, MO

19. (a) 6-8-41 (b) Mrs. C. H. Bond
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County North
(c) City or town Sheridan
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1941 hour 4:30 minute 2 M.

21. I hereby certify that I attended the deceased from July 7
_____ 1941 to June 6 1941
that I last saw him alive on June 6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
Due to _____

Due to Permeous Anemia

Other conditions (Include pregnancy within 3 months of death) 106

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? 426

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

23. Signature P. G. Yarden (M. D. or other) do
Address Sheridan Date signed _____

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.....

Arch C. Dunfee

Licensed Embalmer No. *3252*

P. O. Address. *Grant City, 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, fact should be so stated above.