

No. 2  
-1-4-41  
5-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 33179  
8133  
Registrar's No.

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mo. Pacific Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days) (Specify whether

3. (a) PRINT FULL NAME Samuel Edwin Ruggles  
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 Widowed  
6. (b) Name of husband or wife Katie Ruggles  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased May 18 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 4 23 hr. min.

9. Birthplace Altona, Pennsylvania  
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

MOTHER FATHER  
11. Industry or business M. O. & P. R. R.  
12. Name Benjamin F. Ruggles  
13. Birthplace Altona, Pennsylvania  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Elizabeth Garmon  
15. Birthplace Altona, Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant Grace Blomenkamp  
(b) Address Great Bend, Kansas

17. (a) Removal (b) Date thereof 10/12/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Great Bend, Kansas

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Ave.

19. (a) OCT 13 1941 (b) J. F. Predeck  
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 999  
(a) State Kansas (b) County.....  
(c) City or town Great Bend  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2712 18th. St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11  
year 1941 hour 7 minute 30 A. M.  
21. I hereby certify that I attended the deceased from 10-10  
1941 to 10-11 1941

that I last saw him alive on 10-11 1941  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....

Coronary occlusion  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of 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?

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

23. Signature W. G. Cron (M. D. or other)  
Address Mo. Pac. Hospital Date signed 10-11

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

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**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..... *Albert H. Hoppel* .....

Licensed Embalmer No..... *1861* .....

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, fact should be so stated above.**