

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 6 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34677

Registration District No. 203

Primary Registration District No. 5281

Registrar's No. 31

1. PLACE OF DEATH: CLAY
 (a) County PLATTE
 (b) City or town SMITHVILLE, MO. R.F.D.
 (c) Name of hospital or institution: HOME
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community L.I.BERTINE
 years, months or days _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County CLAY
 (c) City or town SMITHVILLE, MO. R.F.D.
 (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 ROSCOE ARCH RULE
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 10 day 16
 year 1941 hour 9 minute a. M.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife MARGARET "SPICER" Rule
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased NOV. 21. 1890
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-11-38 to 7-11-39, 19____;
 that I last saw him alive on 10-11-41, 19____;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	50	10	25	hr. _____ min.

Immediate cause of death
Chronic Obstructive Pulmonary Disease
Pleurosis

9. Birthplace PLATTE COUNTY MISSOURI
 (City, town, or county) (State or foreign country)

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
52:11

10. Usual occupation FARMER

11. Industry or business _____
 12. Name BOLIVAR L. RULE
 13. Birthplace PLATTE CO., MO.
 (City, town, or county) (State or foreign country)
 14. Maiden name SUSAN VAHRS
 15. Birthplace PLATTE CO., MO.
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
 Major findings: _____
 Of operations _____
 Of autopsy none

16. (a) Informant MRS. R. A. RULE
 (b) Address SMITHVILLE, MO. R.F.D.

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?

17. (a) RURAL (b) Date thereof 10-18-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation SMITHVILLE, MO.

While at work? _____ (Specify type of place)
 (e) Means of injury 0

18. (a) Signature of funeral director McComas Mortuary
 (b) Address Smithville, Mo.
 19. (a) Oct 18-41 (b) Lula L. Ray
 (Date received local registrar) (Registrar's signature)

23. Signature Leonard Dixon (M. D. examiner)
 Address Smithville, Mo Date signed 10-17-41

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

24
0
0

24
0
0

RECEIVED
District Health Officer No. 8,
District File Number
11-5-41
Date Filed

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 S. A. McComas

Licensed Embalmer No. 2303

P. O. Address Smithville, 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, above space should be left blank.