

Registration District No. 806

Primary Registration District No. 4485

Registrar's No.

1. PLACE OF DEATH
(a) County Schuyler
(b) City or town Assembly Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community all his life
years, months or days

8. (a) PRINT FULL NAME John Mills Ruddell
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race wh.
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife Alex. Max Myers 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 7 1858
(Month) (Day) (Year)

8. AGE: 83 yrs 1858 Months Aug Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business ✓

MOTHER FATHER
12. Name John F. Ruddell
13. Birthplace N.Y.
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Pettigrew
15. Birthplace Dist of Columbia
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Ruddell
(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof Sept 26 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Assembly

18. (a) Signature of funeral director G. B. Hopper
(b) Address Bellevue Mo

19. (a) Oct (b) Clara B Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Schuyler 98
(c) City or town Assembly Mo 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 24 41
year 1941 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from 1921
Sep 1921 to Sep 24 1941;
that I last saw him alive on Aug 30 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____
Due to Acute Indisposition 1-hour
Mitral Leak 5 years

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 92 f
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 fall

23. Signature D. P. Green or other DO
Address Green City Mo Date signed Sept 25

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

8000

RECEIVED

District Health Officer No. 10

District File Number 10-41-1948

Date Filed OCT 30 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

Jack Hayes

Licensed Embalmer No. 3699

P. O. Address

Shelburne

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.