

S. No. 2  
-1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **7548**

FILED MAR 4 1942  
Registration District No. **696**

Primary Registration District No. **5925**

Registrar's No. **3**

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

**1. PLACE OF DEATH:**  
 (a) County PLATTE  
 (b) City or town SMITHVILLE, MO. R.F.D.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (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 LIFETIME years, months or days (Specify whether)

**3. (a) PRINT FULL NAME** JOHN LESTER RULE  
 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 SINGLE  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased JULY 22 1941  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	6	9		hr. min.

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

10. Usual occupation AT HOME

**11. Industry or business**  
**MOTHER, FATHER**  
 12. Name LESTER H. RULE  
 13. Birthplace PLATTE CO. MO.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name MARY HEATH  
 15. Birthplace PLATTE CO. MO.  
 (City, town, or county) (State or foreign country)

16. (a) Informant LESTER H. RULE  
 (b) Address SMITHVILLE, MO. R.F.D.

17. (a) BURIAL (b) Date thereof FEB. 1, 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SMITHVILLE, MO.

18. (a) Signature of funeral director McCormac Mortuary  
 (b) Address Smithville Mo.

19. (a) Feb 2, 1942 (b) Mrs. Clay Siffert  
 (Date received local registrar) (Registrar's signature)

1207 (Licensed Embalmer's Statement on Reverse Side)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State MO. (b) County PLATTE  
 (c) City or town RURAL  
 (If outside city or town limits, write "RURAL")  
 (d) Street No..... (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 31 day Jan  
 year 1942 hour 10:30 minute A.M.  
 21. I hereby certify that I attended the deceased from Jan 1  
 1942, to Jan 31 1942  
 that I last saw him alive on Jan 31 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Brain Abscess

Due to Otitis media

Due to.....  
 Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 89a  
 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?

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

23. Signature [Signature] (M. D. or other)  
 Address Smithville Date signed 2-3-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**RECEIVED**

District Health Officer No. Platte  
District File Number 342-21  
Date Filed 3-3-42

**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, fact should be so stated above.**

MINNESOTA BOARD OF HEALTH - STATE OF MINNESOTA