

Registration District No. **169**

Primary Registration District No. **4260**

Registrar's No. **57**

52
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0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **KNOX**
(b) City or town **BAYING MO**
(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 **on a visit** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Scotland**
(c) City or town **Ruthledge**
(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 _____

3. (a) PRINT FULL NAME **Elizabeth Jane Rule**

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

4. Sex **FEMALE** 5. Color or race **Wht** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased: **November 21 1851**
(Month) (Day) (Year)

8. AGE: Years **91** Months **0** Days **5** If less than one day hr. _____ min. _____

9. Birthplace: **INDIANA**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **John Boltz**
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Smith**
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant **Leta Green**
(b) Address **Baying, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-28-42**
(Month) (Day) (Year)

(c) Place: burial or cremation **Ruthledge Park Home Cemetery**

18. (a) Signature of funeral director **Bailey M.D. Co.**
(b) Address **Ruthledge, Mo.**

19. (a) **Nov 27 1942** (Date received local registrar) (b) **Ruthledge** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **26** year **1942** hour **2** minute **0** M.

21. I hereby certify that I attended the deceased from **Nov 23 to Nov 26 1942**
that I last saw her alive on **Nov 25 1942** and that death occurred on the date and hour stated above.

Immediate cause of death: **Senile myocarditis**

Due to _____

Due to _____

Other conditions: **93d**
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **2 DO**

23. Signature **H. E. Selwitz** (M. D. or other) **DO**
Address **Baying** Date signed **11/26/42**

RECEIVED

District Health Officer No. 10

District File Number 12-42-3092

Date Filed DEC - 7 1942

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.....

J. Kenneth Bailey

Licensed Embalmer No. 4248

P. O. Address Rutledge 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.