

S. No. 2
M-5-42
y. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10409**

FD APR 14 1943
Registration District No. **4234**

Primary Registration District No. **4234**

Registrar's No. **9**

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

1. PLACE OF DEATH:
(a) County **Iron**
(b) City or town **Ironton**
(c) Name of hospital or institution: **St. Mary's Hospital**
(d) Length of stay: **20 days**
In this community **20 days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Francois**
(c) City or town **Bismarck**
(d) Street No. **0**
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Milton Eugene Ruble**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **0**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **30th**
year **1943** hour **11:00** minute **15 a.m.**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Elma Ruble**
6. (c) Age of husband or wife if alive **50** years
7. Birth date of deceased **May 28 1877**

21. I hereby certify that I attended the deceased from **March 10th 43** to **March 30th 43**
and that death occurred on the date and hour stated above.

8. AGE: Years **65** Months **10** Days **2**
If less than one day hr. min.

Immediate cause of death **acute Bronchial pneumonia**
Due to **(Right Side)** **3/28/43**

9. Birthplace **Des Arc Mo.**

Due to **acute Pleurisy (Right)** **3/15/42**

10. Usual occupation **Lumberman**

Other conditions **Hypertension, Heart**
(Include prognosis within 3 months of death)

11. Industry or business

Major findings: **no** (chronic)
Of operations **no**

12. Name **Joseph Ruble**

Of autopsy **no** **107**
Underline the cause to which death should be charged statistically.

13. Birthplace **Des Arc Mo.**

14. Maiden name **Amanda Hickman**

15. Birthplace **Des Arc Mo.**

16. (a) Informant **Mrs. Elma R. Ruble**
(b) Address **Bismarck Mo.**

17. (a) **burial** (b) Date thereof **4-1-43**

(c) Place: burial or cremation **Reynolds Mo.**

18. (a) Signature of funeral director **Norman White & Sons**
(b) Address **Ironton Mo.**

19. (a) **4-1-43** (b) **Vergues R. Miller**

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **R. E. Harland M.D.**
Address **Ironton, Mo.** Date signed **3/31/43**

1283

RECEIVED

District Health Officer No. 4
District File Number 443-2089
Date Filed 4-12-43

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..... Conrad J. White.....
..... Licensed Embalmer No. 3012.....
..... P. O. Address Dorchester, Mass......

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.