S. No. 2
M—5-42
5-17-39
I X32673

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13618

State File No.

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 24

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 312 W Adams St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates
(c) City or town Butler Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 312 W Adams Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Lavander Castel Ruggles
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 Married
6. (b) Name of husband or wife Mrs Effie L Ruggles
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased March (Month) 6 (Day) 1868 (Year)

8. AGE: Years 75 Months 1 Days 12 If less than one day hr. min.

9. Birthplace Hancock Co. (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Retired Farmer and
11. Industry or business Dairyman
MOTHER FATHER
12. Name William Alexander Ruggles
13. Birthplace Near Louisville (City, town, or county) Kentucky (State or foreign country)
14. Maiden name Sarah Ann Hendricks
15. Birthplace Owen Co (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mrs L. E. Ruggles
(b) Address Butler Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill
18. (a) Signature of funeral director Culver Ruggles
(b) Address Butler Mo
19. (a) 4-21-43 (Date received local registrar) (b) Pauline Crumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1943 hour 6 minute 0 M.
21. I hereby certify that I attended the deceased from May 1st 1941, to April 18 1943 that I last saw him alive on Apr 18th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Chronic Nephritis & hypertension
Due to
Other conditions (Include pregnancy within 3 months of death) 131 b
Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature L. D. Lathem (M. D. or other) MD
Address Butler, Mo Date signed 4-19-43

1306 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-43-153
Date Filed 5-5-43

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 C. E. Culver

Licensed Embalmer No. 2576

P. O. Address Butler, 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.