

No. 2
5-42
5-17-39
1 x327

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22669

State File No.

ED JUN 17 1943

Registration District No. 320

Primary Registration District No. 6225

Registrar's No. 73

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada Washington twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hosp. no 3. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days. (Specify whether
In this community Same time years, months or days) (Specify whether

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

3. (a) PRINT FULL NAME George Jacob Ruell
3. (b) If veteran, name war unk. 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 10 year 1943 hour 12 minute 30 P. M.
21. I hereby certify that I attended the deceased from May 7 1943 to May 10 1943
that I last saw him alive on May 10 1943 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife R. Ruell 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Feb. 19 - 1868
(Month) (Day) (Year)

Immediate cause of death Hypertensive Heart disease
Duration

8. AGE: Years 75 Months 2 Days 21 If less than one day hr. min.

9. Birthplace Rockville Ind. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name William M Ruell
13. Birthplace Ind
(City, town, or county) (State or foreign country)
14. Maiden name Susan R. Ruell
15. Birthplace Penna
(City, town, or county) (State or foreign country)

16. (a) Informant Rena Ruell
(b) Address Eldorado Spgs Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14-43
(Month) (Day) (Year)

(c) Place: burial or cremation Virgil City Mo.

18. (a) Signature of funeral director Swann Siden

(b) Address E. Woods Farm Mo.

19. (a) 5-10-43 (Data received local registrar) (b) Stojel B. Bewick (Registrar's signature)

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 93d
Major findings: Of operations
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)
Means of injury
23. Signature P. B. Rester (M. D. or other) MD
Address Nevada Mo Date signed 5-10-43

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

1331

RECEIVED

District Health Officer No. 7;

District File Number

Date Filed

5-43-58/4

6-15-43

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 .....

Licensed Embalmer No. 2034

P. O. Address *Edwards St. N.Y.*

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.