

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43205  
Do not use this space.

FILED JAN 14 1944

## 1. PLACE OF DEATH

- (a) County Nadauway Registration District No. 250  
(b) Township Jefferson Wp Rural Primary Registration District No. 2849 Registered No. 55  
(c) City Conception (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bro. Gall Ruttener

- (a) Residence, No. Conception Abbey, Conception St.  (If nonresident, give city or town and State) Mo.  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

|  |   |  |  |  |
|--|---|--|--|--|
| 3. SEX<br><u>M</u>   | 4. COLOR OR RACE<br><u>Wh</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>OS</u> |  |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____                       |   |  |  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 17, 1866</u>                             |   |  |  |  |
| 7. AGE   | YEARS   | MONTHS   | DAYS   | If LESS than 1 day, _____ hrs. or _____ min. |
| <u>77</u>  | <u>9</u>  | <u>10</u>  |  |  |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Lay Brother</u> |  |  |  |
|  | 9. Industry or business in which work was done, as saw mill, bank, etc. <u>House work</u>             |  |  |  |
|  | 10. Date deceased last worked at this occupation (month and year) _____                               |  | 11. Total time (years) spent in this occupation. <u>15</u> |  |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Altstatten Switzerland</u>           |   |  |  |  |
| FATHER   | 13. NAME <u>Jacob Gall Ruttener</u>   |  |  |  |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>                                   |  |  |  |
| MOTHER   | 15. MAIDEN NAME <u>Christine</u>  |  |  |  |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>                                   |  |  |  |
| 17. INFORMANT (ADDRESS) <u>B. Adalhelm Hess Conception, Mo</u>                           |   |  |  |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Conception</u> DATE <u>Dec 7</u> 19 <u>43</u> |   |  |  |  |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Funeral Home Conception, Mo</u>                 |   |  |  |  |
| 20. FILED <u>Dec 6</u> 19 <u>43</u> <u>W. B. Barnett</u> Local Registrar.                |   |  |  |  |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-5 1943

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19\_\_\_\_, to 12-5, 1943  
I last saw him alive on 12-2, 1943 Death is said to have occurred on the date stated above, at 8 P. m.  
The principal cause of death and related causes of importance were as follows:  
Chr Myocarditis  
Arteriosclerosis  
Date of onset \_\_\_\_\_

Other contributory causes of importance: 93d

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. M. Boyles, M. D.  
(Address) Marionville, Mo

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**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.....

P. O. Address.....

**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, above space should be left blank.**