No. 2
1—2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1944

Registration District No. 18

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3054

State File No. 43402

Registrar's No.

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1016 So. Carolina
(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: all his life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pike 82
(c) City or town: Louisiana (If outside city or town limits, write "RURAL")
(d) Street No.: 1016 So Carolina (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: Edward Byram Rule

3. (b) If veteran, name war: No

3. (c) Social Security No.: ~~No~~ 490-18-6981

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: ✓

6. (b) Name of husband or wife: Jennie Glenn Rule

6. (c) Age of husband or wife if alive: 77 years

Birth date of deceased: Nov. (Month) 27 (Day) 1864 (Year)

8. AGE: Years 79 | Months 0 | Days 18 | If less than one day: hr. min.

9. Birthplace: Louisiana (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Retired Banker

11. Industry or business: Bank

FATHER
12. Name: Edward Byram Rule
13. Birthplace: (City, town, or county) (State or foreign country) Ky

MOTHER
14. Maiden name: Margaret Burbridge
15. Birthplace: Pike Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Byram Rule (Son)
(b) Address: Edgewood Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-16-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Riverview Cemetery

18. (a) Signature of funeral director: F. C. Haley
(b) Address: Louisiana Mo

19. (a) 12/16/43 (Date received local registrar) (b) F. C. Haley (Registrar's signature)

1169

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 15 year: 1943 hour: 12 minute: 30 P.M.

21. I hereby certify that I attended the deceased from Dec 14 1943 to December 15 1943 that I last saw him alive on Dec 14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): N/A	
Major findings: Of operations: None	
Of autopsy: None	

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: None
(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: [illegible] (M. D.)
Address: Louisiana Mo Date signed: 12/16/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. [illegible]
District File Number 1-44-130
Date Filed JAN 12 1944

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 George O. Wagner, Registered Apprentice No. ....., working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.