V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6303

Registration District No. FILED MAR 9 1944 / 1

Primary Registration District No. 1002

Registrar's No. 847

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5609 Paloma
(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: 13 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 5609 Paloma
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: WILLIAM HENRY RUE

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

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Allie

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: Nov. 11, 1880 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	3	10	hr. ____ min.

9. Birthplace: Franklin County, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Self

FATHER
12. Name: John Rue
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Delpha Oberlan
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Allie Rue
(b) Address: 5609 Paloma

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 2/22/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Lebanon, Mo.

18. (a) Signature of funeral director: C. H. Blackman & Son, Inc.
(b) Address: Kansas City, Mo.

19. (a) 2-21-44 (Date received local registrar) (b) M. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 21 year: 1944 hour: 10 minute: 45 A.M.

21. I hereby certify that I attended the deceased from 4-19, 1938, to 2-21, 1944, that I last saw him alive on 2-12, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	1 hour
Due to: Arteriosclerosis	
Due to: Epilepsy	
Other conditions (Include pregnancy within 3 months of death): Epilepsy & diabetes mellitus years	
Major findings: Of operations: no	
Of autopsy: no	

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): no
(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: 0

23. Signature: N. C. Speer (M. D. or other)
Address: 3204 Coleman Kansas City Date signed: 2-21-44

(Licensed Embalmer's Statement on Reverse Side)

Dr. N. C. Speer
602 Parkhurst Ave

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. H. Blackman

Licensed Embalmer No. 3639

P. O. Address K.C. 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.