

FILED MAR 18 1944

State File No. _____

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 1141

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kan. ex.

(c) Name of hospital or institution: Gen. Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 months + 15 days
(Specify whether day)

In this community 10 months + 15 days
(years, months or days)

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. 1217 Jefferson Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (c) PRINT FULL NAME Aubrey W. Ruch

3. (b) If veteran, name war ✓

3. (c) Social Security No. 488-14-5632

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1944 hour 12 minute 11 M.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Virginia Lane Ruch

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased 7 (Month) 12 (Day) 1914 (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h. Regency Coroner
and that death occurred on the date and hour stated above.

8. AGE: Years 30 Months 0 Days 21
If less than one day _____ hr. _____ min.

Immediate cause of death Multiple embolic phenomenon
Acute Endocarditis

Due to _____

Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: gib

Of operations _____

10. Usual occupation Engineer Mechanic

Of autopsy See Above

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name William T. Ruch

13. Birthplace Gentry County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Levie M. Valentine

15. Birthplace Liberty Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William T. Ruch

(b) Address Stansberry Missouri

17. (a) Removal to Stansberry Mo. (b) Date thereof 3-5-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highridge Cemetery (Burial)

18. (a) Signature of funeral director G. E. Johnson

(b) Address Stansberry Missouri

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) (e) Means of injury _____

23. Signature A. E. Upsher (M. D. or other) 2/11/44
Address 23 M. Way Date _____

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

MOTHER, FATHER

501

APR 19 1946

William Brown
2315 Fenwood Bldg

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 *Harry Bergman*
Licensed Embalmer No. *204*
P. O. Address *142 W. 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.