

S. No. 2  
OM-8-43  
v. 5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14765

State File No. \_\_\_\_\_

FILED MAY 10 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3023

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:  
Rains Nursing Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr (Specify whether years, months or days)

In this community 1 yr. 6 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Clinton  
(If outside city or town limits, write "RURAL.")

(d) Street No. 901 N. 2nd  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM MARION RUTH

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male ( ) 5. Color or race W-

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

6. (b) Name of husband or wife Mary Shears Ruth

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

7. Birth date of deceased Nov. 22 1871  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>22</u>	<u>15</u>	hr. _____ min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) Arkansas  
(State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Owen Ruth

13. Birthplace Not known  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Shears

15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucy Wisdom

(b) Address 901 N. Second

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Gardner Cemetery (Wheatland MO.)

18. (c) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo.

19. (a) April 8, 1944 (b) Georgia Kitchener  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7  
year 1944 hour 9 minute A M.

21. I hereby certify that I attended the deceased from 3-7 1944 to 4-9 1944  
that I last saw him alive on 4-6-44 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Senility with seniled dementia

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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) (c) Means of injury 2

23. Signature R. Powell (M. D. or Other) \_\_\_\_\_  
Address Clinton Mo. Date signed 4/8/44

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

RECEIVED

District Health Officer No. 71

District File Number 4-44-630

Date Filed 5-8-44

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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. 3478

P. O. Address. Central

**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.