S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

9
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 19 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22215

State File No.

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 51

1. PLACE OF DEATH:

(a) County Perry

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

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

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 70-7-16
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

(c) City or town Perryville Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

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

3. (a) PRINT FULL NAME Friedrich William Ruch

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex 0 Male

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Martha Ruch

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

7. Birth date of deceased October (Month) 23 (Day) 18733 (Year)

8. AGE: Years 70 Months 7 Days 16 If less than one day hr. min.

9. Birthplace Cape Girardeau Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Amon Ruch
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Barbara Zent
15. Birthplace Bollinger Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Minnie Moore
(b) Address Perryville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Biehle Mo.

18. (a) Signature of funeral director Young & Sons.
(b) Address Perryville Mo.

19. (a) 6-10-44 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1944 hour 9 minute 30 A M.

21. I hereby certify that I attended the deceased from 1941, 19__, to 6-9-, 1944
that I last saw him alive on 6-7-44, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocardial failure	2 wks
Due to: mitral incompetency	
Due to: Bronchial asthma	
Other conditions (Include pregnancy within 3 months of death)	

92b

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?
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature C. M. Wiedman (M. D. or other) Do
Address Perryville, Mo Date signed 6-10-44

1326 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 744-4089

Date Filed 7-11-44

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.