. S. No. 2
00M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 16 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27125

State File No.

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 55

1. PLACE OF DEATH:

(a) County Barry

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

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

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

In this community 18 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

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

(d) Street No. 903 - 5th St (If rural, give location)

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

If yes, name country none

3. (a) PRINT FULL NAME Elias Edward Rule

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Ruby Rule

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased August (Month) 22 (Day) 1896 (Year)

8. AGE: Years 47 Months 11 Days 8 If less than one day ___ hr. ___ min.

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

10. Usual occupation Asst mgr Employment Service

11. Industry or business Government of U.S.A

FATHER
12. Name John William Rule
13. Birthplace Louisiana (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Emma Fishback
15. Birthplace Near Frankfort Pike Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Ruby Rule

(b) Address 903 - 5th St Monett Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 1 - 1944 (Month) (Day) (Year)

(c) Place: burial or cremation New London Mo

18. (a) Signature of funeral director Callaway's

(b) Address Monett, Missouri

19. (a) Aug 1 1944 (Date received local registrar) (b) Audna Willoughby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1944 hour 1e PM minute — M.

21. I hereby certify that I attended the deceased from July 23 - 1944, to July 30 - 1944 that I last saw him alive on July 30 - 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Embolus lodged in Coronary Arteries — Duration 5 min

Due to Myocarditis acute and hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

93a

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

23. Signature [illegible] (M. D. or other) M.D.

Address Monett Mo. Date signed 8-1-44

1320 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 844-906
Date Filed AUG 14 1944

SEP 1 1959

SEP 28 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed J. R. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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.