S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1945

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 41102

Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 125

**1. PLACE OF DEATH:**

(a) County Gentry

(b) City or town Stanberry 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 ✓ (Specify whether In this community 53-0-0 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Gentry

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

(d) Street No. North Elm Street. (If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME Linnie May Ruch

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race Wht

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

6. (b) Name of husband or wife William T Ruch

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased 2 (Month) 21 (Day) 1877 (Year)

8. AGE: Years 67 Months 9 Days 19 If less than one day ___ hr. ___ min.

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

10. Usual occupation House Wife

11. Industry or business ✓

FATHER
12. Name Levy J Valentine
13. Birthplace Penn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emily J Walker
15. Birthplace Clearmont Co Ohio (City, town, or county) (State or foreign country)

16. (a) Informant William T Ruch

(b) Address Stanberry Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Highridge Cemetary

18. (a) Signature of funeral director Evan Johnson

(b) Address Stanberry Mo.

19. (a) Dec. 13-1944 (Date received local registrar) (b) Homer M. Mister (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 10 year 1944 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from Oct, 1942 to Dec 10, 1944 that I last saw her alive on December 9, 1944 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Chronic Myocarditis | 2 yrs |
| Due to: Cardiac Gastritis | 1 yr |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

93d

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 R. J. Mulligan (M. D. or other) DO

Address Stanberry Mo Date signed 12-11-44

1108

(Licensed Embalmer's Statement on Reverse Side)

## 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~~ J. Evan Johnson, Registered Apprentice No. ....., working under my personal supervision.

Signed J. Evan Johnson

Licensed Embalmer No. 3492

P. O. Address .....

**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.**