V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5305

State File No.

Registration District No. 799 Primary Registration District No. 1002 Registrar's No. 751

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3943 Roanoke Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 21 Years.

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.: 3943 Roanoke Road.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: ⊓

3. (a) PRINT FULL NAME: Earl Gunsallus Ruble
3. (b) If veteran, name war: X
3. (c) Social Security No.: 510-07-7175
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mabel Ruble
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: Sepx. (Month) 23 (Day) 1882 (Year)
8. AGE: Years 62 Months 4 Days ~~25~~ 21 If less than one day ..... hr. ..... min.
9. Birthplace: Fulton (City, town, or county) Kas. (State or foreign country)
10. Usual occupation: Accountant.
11. Industry or business: Weather Proof Pro. Co.
MOTHER FATHER
12. Name: Hebron Ruble.
13. Birthplace: Penn. (City, town, or county) (State or foreign country)
14. Maiden name: Cornelia Gunsallus
15. Birthplace: Penn. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Lucile Layman
(b) Address: 3943 Roanoke K.C. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb-16-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Olathe Kas.
18. (a) Signature of funeral director: H.E. Julian
(b) Address: Olathe Kas
19. (a) 2-14-45 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby. day 14 year 1945 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 25, 1945, to Feb 13, 1945; that I last saw him alive on Feb 13, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchio Pneumonia	6 days
Due to exposure	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 107
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): none
(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: G. L. Henson (M. D. or other) DC
Address: 3400 East 31 K.C. Mo Date signed: Feb 14-45

(Licensed Embalmer's Statement on Reverse Side)

MAY 6 19[illegible]

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 H. E. Julien

Licensed Embalmer No. 2042-(Mo.)

P. O. Address Olathe Kas.

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.