. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33241

State File No.

FILED OCT 24 1945

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1059

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 Da. (Specify whether years, months or days)
In this community 20 Da

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 809 Hall
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Frederick Ruton
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 11 (Day) 1945 (Year)

8. AGE: Years 0 Months 0 Days 20 If less than one day hr. min.

9. Birthplace St Joseph (City, town, or county) Mo (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Lt J. H. Ruton
13. Birthplace Bellvielle (City, town, or county) N.Y. (State or foreign country)
MOTHER
14. Maiden name Fredrica Maddok
15. Birthplace Nashville (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Lt. J. H. Ruton
(b) Address St Joseph Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-45 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery
18. (a) Signature of funeral director Freeman & son Inc
(b) Address St Joseph, Mo.
19. (a) Oct 3-1945 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1 year 1945 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from Sept 11, 1945 to Oct 1, 1945 that I last saw him alive on Oct 1, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity — Duration Birth
Due to
Due to
Other conditions None
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W Roger Moore M.D. (M.D. or other)
Address St Joseph Mo Date signed 10/1/45

(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~~ .....

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

working under my personal supervision.

Signed Robert L Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.