

FILED APR 4 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 179

Primary Registration District No. 57668

Registrar's No. 17

1. PLACE OF DEATH:

(c) County Lincoln
(b) City or town Rural
(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 _____ years, months or days 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE C. RUVISCH

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. Married
7. Birth date of deceased July 11 1874
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Madison County Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Henry R Ruvisch
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Augusta Ruvisch

(b) Address Tray Mo

17. (a) Ruvisch (b) Date thereof. 3-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson Hill Cem

18. (a) Signature of funeral director Wayne Mc Coy

(b) Address Tray Mo

19. (a) March 11-1946 (b) Med. Emma B. Riddle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 11 year 1946 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from 3/20 to 3/11, 1946, that I last saw him alive on 3/11, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 1 hr.

Due to Arterio-sclerosis

Due to Senility

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 830

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? _____

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

23. Signature J. B. Beech (M. D. or other) _____
Address Tray Mo Date signed 3/14/46

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

8924

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 Wayne McCoy

Licensed Embalmer No. 3588

P. O. Address Troy 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.