

DEPARTMENT OF COMMERCE . . . THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

State File No. 13647

FILED MAY 7 1946

Registration District No. 55 Primary Registration District No. 5577 Registrar's No. 58

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town RURAL - JASPER TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 22 yrs. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Galleshburg 0
(If outside city or town limits, write "RURAL")

(d) Street No. R#1 Orange 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joseph Leburg Ruth

3. (b) If veteran, name was

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1946 hour 11:30 minute A.M.

21. I hereby certify that I attended the deceased from March 15, 1946 to April 10, 1946;
that I last saw him alive on April 10, 1946;
and that death occurred on the date and hour stated above.

5. Color or race Male White

6. (a) Single, widowed, married, divorced, or married 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: Feb 20 1876
(Month) (Day) (Year)

Immediate cause of death: Myocardial failure

Due to: Coronary Occlusion

Duration: —

8. AGE: Years 70 Months 1 Days 21 If less than one day hr. min.

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

10. Usual occupation: Grocer

11. Industry or business: Business

12. Name: Chambers Ruth

13. Birthplace: Jasper Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth Leburg

15. Birthplace: Jasper Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Mennice Ruth

(b) Address: R#1 Orange MO

17. (a) Burial (b) Date thereof: April 12 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Memorial

18. (a) Signature of funeral director: Miss City Club

(b) Address: Miss City Club

19. (a) APR. 12; 46 (b) W.L. Breckert
(Date received local registrar) (Registrar's signature)

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy: 440

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?

While at work (Specify type of place) (c) Means of injury: J

Signature: W. R. Drey (M. D. or other) D.O.
Address: Alba, MO Date signed: 4-11-46

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

MOTHER FATHER

46-4-313

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 myself
....., Registered Apprentice No.
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Well City 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.