

FILED JUL 2 1946

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2790

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 14 days
(Specify whether)

In this community 3 yrs.
years, months or days

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. 2923 Woodland
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Charles Ruble

(b) If veteran, name war No

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1946 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 7, 1946 to June 21, 1946; that I last saw him alive on June 21, 1946; and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

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

7. Birth date of deceased April 25 1875
(Month) (Day) (Year)

Immediate cause of death Adenocarcinoma of colon

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 46 &

8. AGE: Years 71 Months 1 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Atchison Kansas
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy None

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Retired Laborer

11. Industry or business Rock Island Rail Road

12. Name Thomas Ruble

13. Birthplace No Record 9
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

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 Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 6-22-46

16. (a) Informant Mrs W. A. Ford

(b) Address 3812 Wabash

17. (a) Cremation (b) Date thereof 6-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Interment No

18. (a) Signature of funeral director G. W. Wagner

(b) Address Kansas City Mo

19. (a) 6-22-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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

19362

Mr. [unclear]

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 *Alvin R. Gammack*

Licensed Embalmer No. *4159*

P. O. Address *Kansas 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.