S. No. 2
DM—5-43
v. 5-17-39
o I X36671

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

State File No. 26863

FILED AUG 27 1946

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 555a

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hosp. 0
(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 .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 39

(c) City or town: Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No.: 1108 N. Robertson 6
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME: Minnie Ruscha

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female 1

5. Color or race: White

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

6. (b) Name of husband or wife: Edward Ruscha

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

7. Birth date of deceased: July (Month) 27 (Day) 1869 (Year)

8. AGE: Years 76 Months 11 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace: Lauffen Weterburg (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation: Home

11. Industry or business .....

FATHER
12. Name: John Henry Duerr
13. Birthplace: Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name: Catherine Klonz
15. Birthplace: Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant: Henry Ruscha
(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/46 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary

18. (a) Signature of funeral director: H. H. Lohmeyer
(b) Address: Springfield, Mo.

19. (a) 7-2-46 (Date received local registrar) (b) S. W. Hartley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1946 hour 5:00 minute p. M.

21. I hereby certify that I attended the deceased from 6-18, 1946 to 6-28, 1946 and that I last saw her alive on 6-28, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: MALIGNANCY, ABDOMINAL VISCERA, TYPE UNDET. — Duration ?

Due to .....

Due to .....

Other conditions (1) BRONCHOPNEUMONIA, RIGHT LOWER LOBE, CAUSE UNDET.
(Include pregnancy within 3 months of death)

~~Major findings:~~ Of operations (2) ARTERIOSCLEROTIC HEART DISEASE.

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 0

23. Signature: Glenn O. Turner (M. D. or other) M.D.
Address: Med. Arts Bldg., Springfield, Mo. Date signed 6-29-46

(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 Roy H. Mercer Jr., Registered Apprentice No. 380, working under my personal supervision.

Signed Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.