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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30599

State File No.

FILED OCT 1 1946

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 55

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

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town RURAL KANSAS CITY WASHINGTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1311 EAST 80TH STREET 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether
In this community FEW HOURS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY 24

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

(d) Street No. I.O.O.F HOME 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country --

3. (a) PRINT FULL NAME MR. RUDOLPH A. RULLE

3. (b) If veteran, name war No

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 MAY (Month) 13 (Day) 1881 (Year)

8. AGE: Years 65 Months 4 Days 2 If less than one day ___ hr. ___ min.

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

10. Usual occupation COOK

11. Industry or business I.O.O.F HOME LIBERTY, MO

FATHER
12. Name HERMAN H. RULLE
13. Birthplace ALSACE (City, town, or county) FRANCE (State or foreign country)

MOTHER
14. Maiden name WILHELMINA STICKFORT
15. Birthplace NEAR ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MR. ROLAND E. RULLE
(b) Address 1311 EAST 80TH STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ LIBERTY, MISSOURI

18. (a) Signature of funeral director D.W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 9/21/46 (Date received local registrar) (b) Dr. Annie G. Hodges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 15TH year 1946 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from ___, 19__, to ___, 19__; that I last saw h___ alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner Acute Coronary Occlusion

Due to

Due to

Other conditions 94A
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See Above

Duration

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 A. E. Upsher (M. D. or other)

Address 2800 Main Date signed 9/16/46

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(Licensed Embalmer's Statement on Reverse Side)

APR 2 1949

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. Earl Rabb

Licensed Embalmer No. 3345-E

P. O. Address K. C. 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.