S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

33226

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 17 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34402

Registration District No. 278 Primary Registration District No. 3054 Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: 1016 S. Carolina (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) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike 82

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

(d) Street No. 1016 S. Carolina (If rural, give location) 1

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

If yes, name country

3. (a) PRINT FULL NAME Jennie June Rule

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife E.B. Rule

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

7. Birth date of deceased January 16, 1867 (Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 21 If less than one day hr. min.

9. Birthplace Louisiana, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Housewife

FATHER
12. Name Wm. H. Glenn
13. Birthplace Louisiana, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Mary E. Thurman
15. Birthplace Pike co Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Byran Rule
(b) Address Louisiana, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/46 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cem.

18. (a) Signature of funeral director Haley Mortuary
(b) Address Louisiana, Mo.

19. (a) 9/9/46 (Date received local registrar) (b) Bernice Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7 year 1946 hour 10 minute 15p/ M.

21. I hereby certify that I attended the deceased from March 1946 to 9-7, 1946 that I last saw her alive on 9-7, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to

Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

93D

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) no

(b) Date of occurrence no

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)

While at work? no (e) Means of injury no 0

23. Signature [signature] (M. D. or other)

Address Louisiana, Mo. Date signed 9-9-46

374 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
OCT 14 1946

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 George O. Wagner, ~~Registered Apprentice No.~~ XX-XXXXXXXXXX, working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.