

S. No. 2
1-12-45
7-5-17-39
I X47070

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

37945

State File No. _____

Registration District No. 278

Primary Registration District No. 2054

Registrar's No. _____

1. PLACE OF DEATH

(a) County Pike

(b) City or town Louisiana

(c) Name of hospital or institution: Pike Co. Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hosp. 3 Days

In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Rural Louisiana

(d) Street No. Near Two Churches, Grassy cr.

(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JOHN WILLIAM RULE

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17 year 1946 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1939 to 11-17 1946

that I last saw h. l. m. alive on 11-17 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 deceased Deceased

7. Birth date of deceased: November 13 1946

(Month) (Day) (Year)

Immediate cause of death: Chronic Myocarditis

Due to Age

8. AGE: Years Months Days If less than one day

100 0 4 hr. min.

Other conditions (include pregnancy within 3 months of death) None

Major findings: None

Of operations _____

Of autopsy None

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Spencersburg Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Retired Banker & Farmer

11. Industry or business Banking & Farming, Agr.

12. Name William Griffin Rule

13. Birthplace Pendelton Co. Kentucky

14. Maiden name Sarah Atkinson

15. Birthplace Unknown Kentucky

(City, town, or county) (State or foreign country)

16. (a) Informant J. G. Rule

(b) Address Rural, Louisiana Missouri

17. (a) Burial (b) Date thereof 11/19/1946

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grassy Creek Cemetery

Garner & Sterne

18. (a) Signature of funeral director _____

(b) Address Louisiana Missouri

19. (a) 11-18-46 (b) Bernice Collier

(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence None

(c) Where did injury occur? _____ (City or town) (County) (State)

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 _____

23. Signature [Signature] (M. Director)

Address Louisiana, Missouri Date signed 11-18-46

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

MOTHER FATHER

OCT 6 1954

RECEIVED
District Health Officer No. 10
District File Number - 1246226
Filed - DEC-1-0-1946

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. B. Steine

Licensed Embalmer No. 4039

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.