

S. No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

41196

FILED JAN 9 1947

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 175

Primary Registration District No. 4276

Registrar's No. 149

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Pierce City Mo

(c) Name of hospital or institution: 201 Elm St
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days) 49 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lawrence

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

(d) Street No. 201 Elm
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years

3. (a) PRINT FULL NAME Robert Theodore Ruscha

MEDICAL CERTIFICATION

3. (b) If veteran, name war

3. (c) Social Security No.

20. DATE OF DEATH: Month 12 day 4 year 1946 hour 2:07 minute 30 9 M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Emme J Ruscha 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased June 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1942 to 12/4/42, 19...
that I last saw him alive on 12/3/46, 19...
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 6 Days 4 If less than one day hr. min.

Immediate cause of death Myocarditis
insufficiency
Diabetes mellitus

Due to Myocarditis
Diabetes mellitus

Duration several
years
several
years

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

Other conditions Disability of leg
(Include pregnancy within 3 months of death)

10. Usual occupation Retired merchant

Major findings: Of operations

11. Industry or business

Of autopsy 6

12. Name Edward G. Ruscha

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Emme Fritz

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Geo E Ruscha

(b) Address Pierce City Mo

17. (a) 1 (b) Date thereof Dec 6 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Pina C of Mo

18. (a) Signature of funeral director Willard P. ...

(b) Address P. 1100 Ditt. Mo

19. (a) Dec. 130-46 of Dr. Mc Natt
(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

(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 10

23. Signature F J Moenning (M. D. or other)

Address Brionett Date signed 12/4/46

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

40

137

RECEIVED

District Health Officer No. 6;

District File Number 147-15

Date Filed JAN. 6. 1947

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, ~~by~~

Edwin P. Wilks

Registered Apprentice No.

working under my personal supervision.

Signed

Edwin P. Wilks

Licensed Embalmer No.

4131

P. O. Address

Pearce 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.