S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2136

Registration District No. 294 Primary Registration District No. 6007 Registrar's No. 20

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Jacksonville Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 — years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Macon 61
(c) City or town Macon 0
(If outside city or town limits, write "RURAL")
(d) Street No. RR. 1. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Arthur Brown Ruch
3. (b) If veteran, name war —
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 7 — 4 — 1907 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	39	6	18	— hr. — min.

9. Birthplace Bevier Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name John E. Ruch
13. Birthplace Bevier Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah M. Demack
15. Birthplace Iowa (City, town, or county) (State or foreign country)
16. (a) Informant Jacob S. Ruch
(b) Address #1 Macon Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bevier Mo
18. (a) Signature of funeral director H. G. Edwards
(b) Address Bevier Mo
19. (a) Jan 29 47 (Date received local registrar) (b) Leah Williams Corner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 22
year 1947 hour 12 minute 30 P M.
21. I hereby certify that I attended the deceased from Coroners Case, 1947
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Natural Undetermined Probably Heart Attack	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 95	
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 R H Williams (M. D. ~~or other~~)
Address Moberly Mo Date signed 1-25-47

21-4 (Licensed Embalmer's Statement on Reverse Side) Coroner Randolph Co. Mo.

Officer No. 1
2-47-26
Date Filed FEB 5 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, or by.....

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

working under my personal supervision.

Signed H. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier, 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.