

FILED MAY 6 1947

State File No. ....

Registration District No. ....

Primary Registration District No. 4238

Registrar's No. 133

1. PLACE OF DEATH:

(a) County Knox  
 (b) City or town Edina  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Gibson Hospital & Clinic  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Life  
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Knox 52  
 (c) City or town Edina  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
(If rural, give location)  
 (e) Citizen of foreign country? 0  
(Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Bernard Frank Ruxlow

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

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

6. (b) Name of husband or wife Hattie Viola Lorey 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Jan - 30 - 1870  
(Month) (Day) (Year)

8. AGE: 77 Years 2 Months 25 Days hr. min. If less than one day

9. Birthplace Baring Missouri. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business Retired

12. Name Frank Ruxlow

13. Birthplace uk France 5  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Kaphoff

15. Birthplace uk Germany 4  
(City, town, or county) (State or foreign country)

16. (e) Informant D. J. Simpson

(b) Address Edina, Mo.

17. (a) Burial (b) Date thereof April-28-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Catholic Cemetery

18. (a) Signature of funeral director Keith Hudson

(b) Address Edina, Mo.

19. (a) April-28-47 (b) Neil S. Nunne  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 22 year 1947 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 2 1947 to Apr 25 1947  
 that I last saw him alive on Apr 25 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

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 2

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

Address [Address] Date signed 5/2/47

Duration 7 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 10  
District File Number 5147-72L  
Date MAY - 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 Kath Stinson  
Licensed Embalmer No. 2415  
P. O. Address Edina, Missouri

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.