

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUL 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21907

Registration District No. 288

Primary Registration District No. 2969

Registrar's No. 35

## 1. PLACE OF DEATH

(a) County Folk (Campbell Twp)  
(b) City or town Dunnegan Mo Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community 64 years - years, months or days (Specify whether

## 3. (a) PRINT FULL NAME

Serena Elizabeth Ruck

3. (b) If veteran,

name war None

3. (c) Social Security

No. none4. Sex Female5. Color or race wh6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

Award Ruck6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased

Nov 22 1874  
(Month) (Day) (Year)

## 8. AGE:

Years

Months

Days

If less than one day

72620

hr. min.

9. Birthplace

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

10. Usual occupation

Housekeeper

11. Industry or business

Housework

12. Name

Mulhearn Russell

13. Birthplace

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

14. Maiden name

Oliver Jessie

15. Birthplace

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

16. (a) Informant

A. St. Ruck

(b) Address

Dunnegan Mo17. (a) Burial  
(Burial, cremation, or removal)(b) Date thereof June 15 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation

Dunnegan Mo

18. (a) Signature of funeral director

Ernest P. Blue

(b) Address

Balvan Mo19. (a) June 30 1947  
(Date received local registrar)Ralph Garden  
(Registrar's signature)

(Licensed Embosser's Statement on Reverse Side)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Folk  
(c) City or town Dunnegan (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 1/2 W. North Dunnegan  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12  
year 1947 hour 6:30 minute 30 M.21. I hereby certify that I attended the deceased from 1945  
....., 19....., to June 11, 1947;that I last saw her alive on June 11, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis 8 Months  
Arteriosclerosis  
Due to Hypertension (Cerebral)  
+ Age

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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) \_\_\_\_\_  
(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) (of Means of injury)

23. Signature R. F. Urban (M. D. or other) Urban  
Address Fair Play Mo Date signed 6/18/47

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 7,  
District File Number 6-47-800  
Date Filed 7-8-47

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.....

Paul D. Butler, Registered Apprentice No. 446  
working under my personal supervision.

Signed Edward B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.