S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 3 1947

Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3000

State File No. 36941

Registrar's No. 318

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laughlin Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 days (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair 1
(c) City or town: Kirksville (If outside city or town limits, write "RURAL") 3
(d) Street No.: 616 N. Elson (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Harrison C. Ruddell
3. (b) If veteran, name war:
3. (c) Social Security No.: None

4. Sex: M 0
5. Color or race: W 1
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Nettie Mikel
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: Sept. (Month) 8 (Day) 1889 (Year)

8. AGE: Years 58 | Months 2 | Days 18 | If less than one day: hr. min.

9. Birthplace: Carthage (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation: Farmer
11. Industry or business: Farming
FATHER
12. Name: George Ruddell
13. Birthplace: Illinois (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name: Susan Badger
15. Birthplace: Illinois (City, town, or county) (State or foreign country) 1
16. (a) Informant: Mrs. Nettie Ruddell
(b) Address: Kirksville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Macomb, Illinois
18. (a) Signature of funeral director: [illegible]
(b) Address: Kirksville, Missouri
19. (a) 11-27-47 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 26 year: 1947 hour: 9:30 minute: P. M.

21. I hereby certify that I attended the deceased from June 26, 1946 to Nov 26, 1947 that I last saw him alive on Nov. 26, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Left Ventricular Hemorrhage	2 days
Due to: Hypertensive Heart Disease	years
Due to:	
Other conditions: Chr. Nephritis (Include pregnancy within 3 months of death)	years

Major findings:
Of operations: 13
Of autopsy:

PHYSICIAN
Underline the cause of 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:

23. Signature: [illegible] (M. D. or other) DO
Address: Kirksville, Mo Date signed: 11/27/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-47-142
Date Filed DEC - 2 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 William C. Mendenhall

Licensed Embalmer No. 4449

P. O. Address Kirksville, 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.