FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23347

FILED AUG 6 1948

Registration District No. 15-7

Primary Registration District No. 5588

Registrar's No. 172

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: LaRussel (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LaRussel, Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No (Specify whether
In this community: 11 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: LaRussel (If outside city or town limits, write "RURAL")
(d) Street No.: None (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: None

3. (a) PRINT FULL NAME: Charles Joseph RUTH
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Cecil Hill Gilliland Ruth
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: January (Month) 14 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	6	12	hr. min.

9. Birthplace: Memphis, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Ret. Farmer
11. Industry or business: None
FATHER 12. Name: Jacob Ruth
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name: Elizabeth Houser
15. Birthplace: Unknown (City, town, or county) Pa. (State or foreign country)
16. (a) Informant: Mrs. C. H. G. Ruth.
(b) Address: LaRussel, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Enid, Okla.
18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Carthage, Mo.
19. (a) 7-27-1948 (Date received local registrar) (b) L. B. Clinton (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 26th. year 1948 hour 11:15 minute A. M.
I hereby certify that I attended the deceased from July 17, 1948 to July 26, 1948 that I last saw him alive on July 25, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Brights Disease	3 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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, or industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature: W. S. Burney (M. D. or other)
Address: Miller, Mo. Date signed 7-26-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

48-7-647

MAR 2 1954

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 John S. Dennehy

Licensed Embalmer No. 4194

P. O. Address Carthage N.

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.