

Registration District No. **301**

Primary Registration District No. **6032**

Registrar's No. **2322**

1. PLACE OF DEATH:
(a) County **Ripley**
(b) City or town **Dowdham 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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** County **Ripley 95**
(c) City or town **Dowdham Rural 95**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Rebecca Catherine Ruff**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Apr**, day **3**, year **1948**, hour **7**, minute **30** P.M.
21. I hereby certify that I attended the deceased from **15 January**, 19 **48** to **30 March**, 19 **48**
that I last saw her alive on **30 March**, 19 **48** and that death occurred on the date and hour stated above.

5. Color or race **White**
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife **John F. Ruff**
6. (c) Age of husband or wife if alive **Dec** years
7. Birth date of deceased **Jan 12 1867**
(Month) (Day) (Year)

Immediate cause of death **Gastric hemorrhage**
Duration _____

8. AGE: Years **81** Months **1** Days **21** If less than one day _____ hr. _____ min.

Due to **Carcinoma of stomach**
Due to _____

9. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 8 months of death) _____
Major findings: **H6 B**
Of operations _____
Of autopsy _____

10. Usual occupation **House wife**

11. Industry or business _____

12. Name **Joe Benoit**

13. Birthplace **Unknown**
(City, town or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town or county) (State or foreign country)

16. (a) Informant **R. K. Ruff**
(b) Address **Canning Hill Rt 2**

17. (a) Burial (b) Date thereof **4-6-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **J. W. Edwards**
(b) Address **Dowdham Mo**

19. (a) 2-21-48 (b) **E. Johnston**
(Date received local registrar) (Registrar's signature) **299**

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? **1**

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature **W. H. Jones** (M. D. or other) **M.D.**

Address **Dowdham Mo** Date signed **18 Jan 48**

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

RECEIVED 8-9-48
District Health Officer No. 5,
District No. 848525
Date Filed 8-10-48

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 *Walter Johnson*
Licensed Embalmer No. *4271*
P. O. Address *Douglas, 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.