. No. 300
I—10-47
. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26110

FILED SEP 8 1948

Registration District No. 1 4 4

Primary Registration District No. 4234

Registrar's No. 29

1. PLACE OF DEATH:
(a) County IRON COUNTY
(b) City or town IRONTON MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. MARYS IRONTON MO. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ONE DAY
In this community ONE DAY (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County IRON 47
(c) City or town IRONTON MO. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 6
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BABY RUBLE

3. (b) If veteran NO name war

3. (c) Social Security No. NO

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased AUGUST (Month) 31 st (Day) 1948 (Year)

8. AGE: Years | Months | Days ONE | If less than one day hr. min.

9. Birthplace IRONTON MO (City, town, or county) 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name J.C. RUBLE
13. Birthplace VULCAN MO. IRON COUNTY 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name NETTIE RUTH SHEAR 0
15. Birthplace PATTERSON MO WAYNE COUNTY (City, town, or county) (State or foreign country)

16. (a) Informant J.C. RUBLE
(b) Address VULCAN MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. IST 48 (Month) (Day) (Year)
(c) Place: burial or cremation DES ARC MO.

18. (c) Signature of funeral director C. A. Howell #3670
(b) Address IRONTON MO.

19. (a) 8-30-48 (Date received local registrar) (b) Avis Jones 128 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER IST. 48 year hour 5 30A.M. minute M.

21. I hereby certify that I attended the deceased from AUGUST 31st, 1948, to SEPT. IST, 1948; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity	
Due to: 5 months gestation	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy

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

23. Signature Bruce Bull (M. D. or other) M.D.
Address Ironton, Mo. Date signed 9-2-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 948-117

Date Filed 9-2-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.