

FILED DEC 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37891

0742

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 243

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY OR TOWN <u>Maryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>May</u> b. (Middle) <u>V.</u> c. (Last) <u>Ruhl</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-29-1950</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Aug. 16-1863</u>		9. AGE (In years last birthday) <u>87</u>		10. CITIZEN OF WHAT COUNTRY? <u>Am.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm-</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	

13a. FATHER'S NAME <u>Wm. Ruhl</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Waltman</u>		14. NAME OF HUSBAND OR WIFE <u>Loattie Ruhl</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Loattie Ruhl-Maryville-Mo.</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Yersinia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>			792A
		DUE TO (c) <u>malnutrition</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION:			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

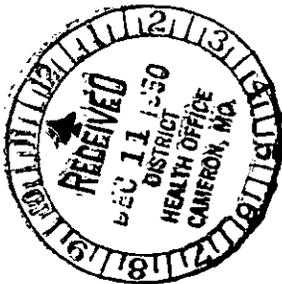
22. I hereby certify that I attended the deceased from Nov 14, 1950, to Nov 29, 1950, that I last saw the deceased alive on Nov 29, 1950, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. P. Ince, M.D.</u> (Degree or title)		23b. ADDRESS <u>Maryville, Mo.</u>		23c. DATE SIGNED <u>Nov 30-1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-3-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fillmore Cem. Fillmore-Mo.</u>	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. <u>12-9-50</u>		REGISTRAR'S SIGNATURE <u>Kess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. M. McKinnon</u> ADDRESS <u>Maryville, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed G. M. Alkhisar

Licensed Embalmer No. 2279

P. O. Address Marriottsville, Md.

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.