

DEC 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40069
Do not use this space.

1. PLACE OF DEATH

(a) County PLATTE Registration District No. 696
(b) Township CARROLL Primary Registration District No. 2924 Registered No. 26
(c) City (d) Street No.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JAMES W. RULE

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ELNORA "DAY" RULE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 8, 1848

7. AGE YEARS 90 MONTHS 8 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. FARMER
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) CLAY COUNTY (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME BOLIVAR RULE

14. BIRTHPLACE (CITY OR TOWN) Bourbon County, (STATE OR COUNTRY) KENTUCKY

MOTHER 15. MAIDEN NAME ELIZA ANN MILLS

16. BIRTHPLACE (CITY OR TOWN) Clay County, (STATE OR COUNTRY) MISSOURI

17. INFORMANT W. B. RULE (ADDRESS) SMITHVILLE, MISSOURI

18. BURIAL, CREMATION, OR REBURYAL PLACE GOSS CEMETERY DATE Nov. 11, 1938

19. FUNERAL DIRECTOR McCOMAS MORTUARY (ADDRESS) SMITHVILLE MISSOURI

20. FILED Nov 28, 1938 Missouri Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1938 to Nov 9, 1938. I last saw deceased alive on Oct 9, 1938. Death is said to have occurred on the date stated above, at 4:00 P.M.
The principal cause of death and related causes of importance were as follows:

Separ pneumonia
108
Other contributory causes of importance:
Senility general
debility

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) E. C. Lee M.D.
(Address) Smithville, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Owen J. Boagess, Jr., Licensed Embalmer No. 3940

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Owen J. Boagess, Jr.
Licensed Embalmer No. 3940

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.)