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.

REG'D JUL 14 1939

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

21415
Do not use this space.

1. PLACE OF DEATH
(a) County ANDREW
(b) Township LINCOLN
(c) City
Registration District No. 8
Primary Registration District No. 5-011
Registered No.
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.
400

2. PRINT FULL NAME Frank J. Ruhl
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARY A RUHL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 - 1872

7. AGE: Years 66 | Months 11 | Days | If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) NASSAU (STATE OR COUNTRY) New York

FATHER
13. NAME Timothy Ruhl
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Mosher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Mary A. Ruhl (ADDRESS) Amazonia

18. BURIAL, CREMATION, OR REMOVAL PLACE St. John's cemetery DATE June 8, 1939

19. FUNERAL DIRECTOR (NAME) Mrs. E. C. Brit (ADDRESS) Savannah Mo

20. FILED June 8, 1939 J. W. Holcomb Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1939, to June 6, 1939
I last saw him alive on May 24, 1939. Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of left kidney	Dec. 1938

46

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

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. in home
Manner of injury
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Ralph R. Kelley, M. D.
(Address) Savannah Mo

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 11,
District File Number 739-808
Date Filed JUL 11 1939

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, Mrs. E. C. Breit, or by MARY R, Registered Apprentice No. ....., working under my personal supervision.

Signed Mrs. E. C. Breit

Licensed Embalmer No. 3068

P. O. Address Savannah 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, above space should be left blank.