JUL 14 1939

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

21867
Do not use this space.

1. PLACE OF DEATH

(a) County Clay 3 Registration District No. 118

(b) Township 2 Primary Registration District No. 3011 Registered No. 81

(c) City Excelsior Springs (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. 8 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

24
2
1

2. PRINT FULL NAME 100 Isaac McKinn Ruby

(a) Residence, No. 312 Bluff St. ☐ Oberlin, Kansas
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1858

7. AGE: YEARS 81 | MONTHS 2 | DAYS 29 | 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 55 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattsmouth Nebraska

FATHER
13. NAME George S. Ruby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison county Ohio

MOTHER
15. MAIDEN NAME Caroline Black
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hitchcock county Ohio

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oberlin Kansas DATE June 3 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Claude Prichard Excelsior Springs Mo.

20. FILED June 3, 1939 Mrs Rea McCracken Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1939

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ....., 19..

I last saw h..... alive on Corner, 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Date of onset

94 b

Other contributory causes of importance:

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) W. L. Wigson of Corner M. D.

(Address) Liberty Mo.

by Marvin Hessel

(Licensed Embalmer's Statement on Reverse Side)

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.

X14028

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/11/39

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, Claude Prichard, or by .....,

Registered Apprentice No. ....., working under my personal supervision.

Signed Claude Prichard

Licensed Embalmer No. 2737

P. O. Address Excelsior Springs

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.