

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

40571
Do not use this space.

1. PLACE OF DEATH

(a) County Ball Registration District No. 701
 (b) Township Marion Primary Registration District No. 5920
 (c) City Balmar (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.

2. PRINT FULL NAME

(a) Residence, No. 255 Dixie Lee Ruckman 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 White 4. COLOR OR RACE Female 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE of Stillborn Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4, 1939

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	0	0	0	

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Stillborn</u>	11. Total time (years) spent in this occupation.
	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) _____	

12. BIRTHPLACE (CITY OR TOWN) Balmar (STATE OR COUNTRY) Mo.

FATHER 13. NAME Garnett Ford Ruckman

14. BIRTHPLACE (CITY OR TOWN) Balmar (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Lora Mae Talley

16. BIRTHPLACE (CITY OR TOWN) Halfway (STATE OR COUNTRY) Mo.

17. INFORMANT Miss Floy Ruckman (ADDRESS) Balmar Mo

18. BURIAL, CREMATION, OR REMOVAL

PLAC Pleasant Hill DATE Nov 5, 1939

19. FUNERAL DIRECTOR (NAME) White - Erwin (ADDRESS) Balmar Mo

20. FILED Nov 4, 1939 J. P. Butts Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3 1939 to Nov. 4 1939
 I last saw deceased Stillborn 1939. Death is said to have occurred on the date stated above, at 9:12 a.m.

The principal cause of death and related causes of importance were as follows:
Strangulation by umbilical cord loops about neck - Death occurred before birth.

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? no
 If so, specify _____
 (Signed) E. J. Ruckman M. D.
 (Address) Balmar

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed: *William B. Eakin*.....

Licensed Embalmer No. *3092*.....

P. O. Address: *Baltimore 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, above space should be left blank.