DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 13 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4030

Registration District No. 842 — Primary Registration District No. 6104 — Registrar's No.

1. PLACE OF DEATH:
(a) County: Stone
(b) City or town: Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Stone
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: R.R. No 1 Crane Mo (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Nancy H. Ruddick 321
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: M.
6. (b) Name of husband or wife: Stephen Ruddick
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Nov. (Month) 24 (Day) 1855 (Year)

8. AGE: Years 83 Months 11 Days 25 If less than one day hr. min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business:
12. Name: John Lock (Father)
13. Birthplace: Tenn. (City, town, or county) (State or foreign country)
14. Maiden name: Unknown (Mother)
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: Alvin E. Ruddick
(b) Address: Fort Scott Kans.
17. (a) Masonic (Burial, cremation, or removal) (b) Date thereof: Nov 20 1939 (Month) (Day) (Year)
(c) Place: burial or cremation: Crane Mo.
18. (a) Signature of funeral director: George H. Marlan
(b) Address: Crane Mo
19. (a) 12-25-39 (Date received local registrar) (b) Mae Ethel Doggett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19 year 1939 hour 7 minute P. M.
21. I hereby certify that I attended the deceased from 2-10-34 to 11-19-1939; that I last saw her alive on 11-19-1939; and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio-Vascular-Renal disease — Duration 5 yr.
Due to: Hypertension — 10 yr.
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: none — Of autopsy: no.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: H. L. Kerr (M. D. or other)
Address: Crane Mo Date signed 11-20-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very imp

RECEIVED
District Health Officer No. 6,
District File Number 2410-2400
Date Filed FEB 12 1940

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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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.