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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 13 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14276

Registration District No. 79 Primary Registration District No. 4047 Registrar's No. 5

1. PLACE OF DEATH:

(a) County: BOONE

(b) City or town: STURGEON
(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: BOONE

(c) City or town: STURGEON
(If outside city or town limits write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME: WILLIAM RUENZI 529

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: SINGLE

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: JULY (Month) 27 (Day) 1869 (Year)

8. AGE: Years 70 Months 8 Days 24 If less than one day hr. min.

9. Birthplace: BOONE Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: LABORER

11. Industry or business: G

MOTHER FATHER

12. Name: IGNATIOUS RUENZI G

13. Birthplace: unknown (City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth Kearney

15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Pension Papers

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 24-1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Horeb

18. (a) Signature of funeral director: Barnett Booth

(b) Address: Sturgeon, Mo.

19. (a) Apr. 24-1940 (Date received local registrar) (b) A E Booth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on SAT. April 20 , 19 40 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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: M. R. Jackson (M. D. or other) Coroner

Address: Columbia, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 A E Booth

Licensed Embalmer No. 4087

P. O. Address Sturgeon, 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.