

Registration District No. 862

Primary Registration District No. 6/35-

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Texas
 (b) City or town Rural Burdine
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 In this community 65 yrs
 years, months or days (Specify whether
 years, months or days)

8. (a) PRINT FULL NAME William Alexander Rust

(b) If veteran, name war no
 (c) Social Security No. none

4. Sex m 5. Color or race w
 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if

7. Birth date of deceased Jan 28 1858
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 5 18 hr. min.

9. Birthplace Texas
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

12. Name unknown 913. Birthplace unknown
(City, town, or county) (State or foreign country)14. Maiden name Emma Hunt16. Birthplace Texas
(City, town, or county) (State or foreign country)16. (a) Informant John Rust(b) Address Cabool Mo17. (a) Burial (b) Date thereof July 18 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pleasant Grove18. (a) Signature of funeral director Gaylord V. Elliott(b) Address Cabool Mo19. (a) July 18 (b) Miss Chris Cunningham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Burdine Jwp
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
 year 1940 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 20 1940 to July 16 1940
 that I last saw him live on July 16 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Debility
and Fractured Femur

Due to

Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy

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?

While at work? (Specify type of place)
 (e) Means of injury

23. Signature J. W. Goats (M. D. or other)Address Cabool Mo signed

Duration

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

840846

194 B
99

STATE OF TEXAS

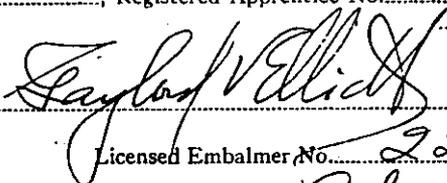
STATEMENT BY LICENSED EMBALMER

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. 2252

P. O. Address Cabool

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29937

Registration District No. 862

Primary Registration District No. 6135

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County: Texas
 (b) City or town: Burdine T. P.
(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
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Wm. Alexander Ruel
 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 urd
 6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years
 7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 18
If less than one day _____ min.

9. Birthplace Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER
 11. Industry or business _____
 12. Name Don't know
 13. Birthplace Don't know
(City, town, or county) (State or foreign country)
 14. Maiden name Skuller
 15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Johney Ruel, Son
 (b) Address Labool 2110

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State TX (b) County Texas
 (c) City or town Ruel
(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.

GENERAL CERTIFICATION
 20. DATE OF DEATH: Month July day 16
 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ July _____ 19 _____
 that I saw him _____ alive on _____ July _____ 19 _____
 and that death occurred on the date and hour stated above.

Immediate cause of death Senility and Fractured Femur

Due to _____
 Due to _____

Other conditions 156W
(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) accident
 (b) Date of occurrence April 1940
 (c) Where did injury occur? Texas
(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? leading boy of fall
(Specify means of injury)

23. Signature J. R. Ruel (M. D. or other) _____
 Address Labool TX Date signed _____

