

3 No. 2
-4-13-40
7. 5-17-39
I X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Fitch
State File No. 32012
Registrar's No. 725

Registration District No. 318 Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution St. John Hosp.
(d) Length of stay: In hospital or institution 3 Days
In this community 56 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. 1108 N. Robberson
(e) If foreign born, how long in U. S. A. 73 years.

3. (a) PRINT FULL NAME Edward J. Ruscha
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 5 year 1940 hour 2 minute 20 P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Minnie Ruscha 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased April 10 1865

21. I hereby certify that I attended the deceased from 9/2/40 to 9/5/40 and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 4 Days 25 If less than one day hr. min.

Immediate cause of death Diphtheria Melliter
Due to 54

9. Birthplace Manich Germany
10. Usual occupation Insurance Agency
11. Industry or business Ruscha Insurance Agency

Other conditions Acute Pyelitis
Major findings: Of operations
Of autopsy

MOTHER FATHER { 12. Name Edward Ruscha
13. Birthplace Unknown Germany
14. Maiden name Anna Fyitz
15. Birthplace Unknown Germany

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Mrs. Minnie Ruscha
(b) Address Springfield, Mo.
17. (a) Burial (b) Date thereof Sept. 9 1940
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) Sept. 7, 1940 (b) W. E. Handley

23. Signature W. E. Handley (M. D. or other)
Address Springfield Mo Date signed 9/6/40

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

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SEP 25 1944

SEP 22 1944

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 *Walter E. Hamilton*

Licensed Embalmer No. *3808*

P. O. Address *Springfield 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, fact should be so stated above.

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