

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 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3258
Registrar's No. 8

Registration District No. 496

Primary Registration District No. 3025

1. PLACE OF DEATH:
 (a) County Linn
 (b) City or town Brookfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
327 E Sedgwick
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 (Specify whether
 In this community 4 years
 years, months or days)

3. (a) PRINT FULL NAME ALICE RUGG
 (b) If veteran, name war _____
 (c) Social Security No. none

4. Sex 7 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Forrest Rugg
 (c) Age of husband or wife if alive 18 years
 7. Birth date of deceased Sept 18 1889
 (Month) (Day) (Year)

8. AGE: Years 51 Months 3 Days 19 If less than one day hr. _____ min. _____
 9. Birthplace Carrachers Ohio
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____
 MOTHER FATHER { 12. Name George W Myers
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Agnes Thomson
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mildred Bump
 (b) Address Brookfield

17. (a) Burial (b) Date thereof Jan-10-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Rose Hill Cemetery Brookfield

18. (a) Signature of funeral director Thel Chapel
 (b) Address Brookfield Mo
 19. (c) 1-10-41 (Date received local registrar)
J. Scott (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Linn
 (c) City or town Brookfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 327 E. Sedgwick
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 7
 year 1941 hour 5 minute 20 P. M.
 21. I hereby certify that I attended the deceased from Aug 3, 1940 to Jan 7, 1941;
 that I last saw her alive on Jan 7, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>General Carcinomatosis</u>	<u>6 mo</u>
Due to <u>Carcinoma of left Breast</u>	<u>3 yr 5</u>
Due to _____	_____
Other conditions (Include pregnancy within 3 months of death)	_____
Major findings: Of operations _____ Of autopsy _____	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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Shane Wans (M. D. or other) MD
 Address Brookfield Mo Date signed 1-9-41

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.....

J. H. Blacklock

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

J. H. Blacklock

Licensed Embalmer No. *2246*

P. O. Address. *Brookfield 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.