No. 2
-4-13-40
5-17-39
PI X2315

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24546

FILED AUG 11 1941 85

Registration District No. ____ Primary Registration District No. 1001 Registrar's No. ____

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

11
1
7

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 7 days years, months or days)

2. USUAL RESIDENCE OF DECEASED: 011
(a) State Mo (b) County Buchanan 0
(c) City or town Easton (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.? 1 years.

3. (a) PRINT FULL NAME Christian Ruoff
3. (b) If veteran, name war —
3. (c) Social Security No. NONE
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Zillah Ruoff
6. (c) Age of husband or wife if alive ~~85~~ years
7. Birth date of deceased July (Month) 31 (Day) 1854 (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	11	18	____ hr. ____ min.

9. Birthplace Buchanan Co (City, town, or county) 0 (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Michael Ruoff
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Christina Wagenbrist
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)
16. (a) Informant Bert R. Ruoff
(b) Address Gower Mo
17. (a) Removed to Castrie (Burial, cremation, or removal) (b) Date thereof July 21-41 (Month) (Day) (Year)
(c) Place: burial or cremation Blakely Cem Easton Mo.
18. (a) Signature of funeral director H A Sullivan
(b) Address Gower Mo
19. (a) 7-21-1941 (Date received local registrar) (b) H. Matthews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1941 hour 4 minute 10 A. M.
21. I hereby certify that I attended the deceased from July 12, 1941 to July 18, 1941; that I last saw him alive on July 18, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	7/14/41
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death): Fracture left femur; Senility	7/11/41
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) accident
(b) Date of occurrence 7/11/41
(c) Where did injury occur? Easton (City or town) Buchanan (County) Mo (State) 011
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? no (e) Means of injury: Overcast fall on floor
23. Signature [illegible] (M. D. or other) M.D.
Address [illegible] Date signed 7/19/41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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: H. A. Sullins

Licensed Embalmer No. 1738

P. O. Address: Gower Mo.

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

If this body is not embalmed, fact should be so stated above.