

FILED SEP 12 1941

Registration District No. 773

Primary Registration District No. 4464

Registrar's No. 121

1. PLACE OF DEATH:

(a) County St. Francis
(b) City or town Farmington Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 107 McElvaine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 years years, months or days

3. (a) PRINT FULL NAME Henry Adam Ruth

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Lessie Ruth 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased December 28 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Madison County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Hotel Manager

11. Industry or business Hotel

12. Name Andrew A. Ruth

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

14. Maiden name Sella Ruth
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Farmington Mo

(b) Address Farmington Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof August 13, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Presbyterian Church Mo

18. (a) Signature of funeral director Farmington Und Co

(b) Address Farmington Mo

19. (a) Aug 11-41 (Date received local registrar) (b) J. B. Robinson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francis
(c) City or town Farmington Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 107 McElvaine
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1941 hour 4:30 minute 15 M.

21. I hereby certify that I attended the deceased from 1938 to Aug 10 1941 that I last saw him alive on Aug 9 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Hepato splenic pneumonia Duration 3 da.

Due to Parkinson disease 6 yrs.

Other conditions none
(Includes pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
PHYSICIAN J. A. C.
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 W. S. Walters (M. D. or other) _____
Address Farmington Mo Date signed Aug 11-41

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

94
0
6

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.....

..... *me*, Registered Apprentice No.....
working under my personal supervision.

Signed..... *C. Hugo Brea*

Licensed Embalmer No..... *4084*

P. O. Address..... *Farmington 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.