S. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1942

Registration District No. 464

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7130

State File No.

Primary Registration District No. 4282-5630

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Miller R. R. Lindale

(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 —

In this community All his Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Miller Mo. R. R.

(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.

3. (a) PRINT FULL NAME Oliver Wayland Ruark

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased 3 (Month) — 5 (Day) — 1859 (Year)

8. AGE: Years 82 | Months 11 | Days 20 | If less than one day hr. min.

9. Birthplace Lawrence Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Farmer

FATHER
12. Name William Ruark
13. Birthplace Webster Co. / Maryland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margarette Williams
15. Birthplace Webster Co. / Maryland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tom Washam

(b) Address Miller Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-42 (Month) (Day) (Year)

(c) Place: burial or cremation Seymore

18. (a) Signature of funeral director Morris Lerman

(b) Address Miller Mo.

19. (a) March 4 (Date received local registrar) (b) Duddgal L. Morris (Registrar's signature) Dep.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25 year 1942 hour 10 00 minute A. M.

21. I hereby certify that I attended the deceased from Dec 1, 1939, to Feb 25, 1942 that I last saw him alive on Feb 1, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Interstitial Nephritis, General Paralysis of	
Due to insane	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

30 P

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. I. Holmes (M. D. ~~or other~~)

Address Miller Mo Date signed 2-25-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 342-352
Date Filed MAR 12 1942

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 Not Embl.

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed E. R. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.