

FILED SEP 11 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 974

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 2 weeks years, months or days)

3. (a) PRINT FULL NAME Ruth Brock

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Carey 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased: September 19, 1903
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 12 If less than one day hr. min.

9. Birthplace Harrison County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Frank Milligan

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

14. Maiden name Linthacum

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Carey Brock (Husband)

(b) Address Ridgeway, Missouri

17. (a) Burial (b) Date thereof 9/4/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridgeway, Missouri

18. (a) Signature of funeral director Bogus Funeral Home

(b) Address Ridgeway, Missouri

19. (a) 9/4/43 (b) Rose Hilgog
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Harrison

(a) State Missouri (b) County Buchanan

(c) City or town ~~St. Joseph~~ Ridgeway
(If outside city or town limits, write "RURAL")

(d) Street No. Gen Del. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1
year 1943 hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from Aug 16, 1943 to Sept 1, 1943
that I last saw her alive on Sept 1, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Amelioration

Due to _____

Due to _____

Other conditions 278
(Include pregnancy within 3 months of death)

Duration 4 weeks

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 Dr. Harrison (M. D. or other) MD
Address St Joseph MO Date signed 9-2-43

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

MOTHER FATHER

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 _____

John E. Rupp
Licensed Embalmer No. *3986*
P. O. Address *St Joseph, 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.