

No. 2
5-43
17-39
X36677

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15560

Registration District No. 291

Primary Registration District No. 4433

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town UNIONVILLE
(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 75 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM
(c) City or town UNIONVILLE
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alfred Leo Ruth
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 28
year 1944 hour 5 minute 30 P.M.

4. Sex MALE
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife MARGARET Ruth
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August - 31 - 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from [Signature] to [Signature] 1944
that I last saw [Signature] alive on [Signature] 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 5 27 hr. min.

Immediate cause of death Coronary thrombosis
Duration 7

9. Birthplace Idaho
(City, town, or county) (State or foreign country)

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 94a

10. Usual occupation Custodian
11. Industry or business Public School

Major findings:
Of operations
Of autopsy

MOTHER FATHER
12. Name GEORGE Ruth
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name ELIZA Smith
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.
PHYSICIAN

16. (a) Informant N.B. Ruth
(b) Address 1128 1/2 S. Main Wichita Kan
17. (a) BURIAL (b) Date thereof APRIL - 30 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation UNIONVILLE CEMETERY
18. (a) Signature of funeral director [Signature] FUNERAL HOME
(b) Address UNIONVILLE, Mo. B. J. [Signature]
19. (a) 5/4/44 (b) [Signature]
(Date received local registrar) (Registrar's Signature)

While at work (Specify type of place) (e) Means of injury
23. Signature [Signature] (M. D. or other)
Address [Signature] Date signed 5-10-44

1099 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 5-44-888

Date Filed MAY 8 1944

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 N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.