

**FILED SEP 22 1944**

Registration District No. \_\_\_\_\_

Primary Registration District No. **5634**

Registrar's No. **22**

**1. PLACE OF DEATH:**

(a) County **Lawrence**  
(b) City or town **Miller Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Lincoln Hosp**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **Native** (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Lawrence**  
(c) City or town **Miller Mo.** (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME**

**Virgil Oxiad Ruark**

**3. (b) If veteran,**

name war **No**

**3. (c) Social Security**

No. **None**

**4. Sex**

**Male**

**5. Color or race**

**white**

**6. (a) Single, widowed, married,**

divorced **Married**

**6. (b) Name of husband or wife**

**Vernd**

**6. (c) Age of husband or wife if**

alive **99** years

**7. Birth date of deceased**

**2 - 6 - 1883**  
(Month) (Day) (Year)

**8. AGE:**

Years **61**

Months **3**

Days **7**

If less than one day

hr. \_\_\_\_\_ min.

**9. Birthplace**

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

**10. Usual occupation**

**Farmer**

**11. Industry or business**

MOTHER FATHER

**12. Name**

**Francis Marion Ruark**

**13. Birthplace**

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

**14. Maiden name**

**Emma McCliffney**

**15. Birthplace**

**I.L. Mo.**  
(City, town, or county) (State or foreign country)

**16. (a) Informant**

**Vernd Ruark**

**(b) Address**

**Miller Mo.**

**17. (a)**

**Burial**  
(Burial, cremation, or removal)

**(b) Date thereof**

**Scymore**  
(Month) (Day) (Year)

**(c) Place: burial or cremation**

**18. (a) Signature of funeral director**

**Monnie Luman**

**(b) Address**

**4 Miller Mo.**

**19. (a)**

**Sept 22 44**  
(Date received local registrar)

**(b)**

**Quinn Whinnery**  
(Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **May** day **13**  
year **1944** hour **9** minute \_\_\_\_\_ P. M.

**21. I hereby certify that I attended the deceased from** **5 - 7 2 - 1944** to **5 - 13 1944**  
that I last saw him **alive** on **5 - 13 1944**  
and that death occurred on the date and hour stated above.

**Immediate cause of death**

**Adenitis**

**Duration**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

**Other conditions**

(Include pregnancy within 3 months of death)

**Major findings:**

Of operations **101**

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)

**W. B. Bickman** (e) Means of injury \_\_\_\_\_

**23. Signature** **W. B. Bickman** (M. D. or other)  
Address **Miller Mo.** Date signed **9-17-44**

**1192**

(Licensed Embalmer's Statement on Reverse Side)

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

55  
6  
6

RECEIVED

District Health Officer No. 6,

District File Number 944-1037

Date Filed SEP 20 1944

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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 E. B. Leiman

Licensed Embalmer No. 7297

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, fact should be so stated above.