S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

36904

State File No. 4569

FILED DEC 4 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days 0 (Specify whether
In this community 50 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3816 Washington 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Catherina Ruf

3. (b) If veteran, name war XX

3. (c) Social Security No. No

4. Sex Fe 1

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Jacob Ruf

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased February (Month) 22 (Day) 1874 (Year)

8. AGE: Years 70 Months 8 Days 20 If less than one day hr. min.

9. Birthplace Saratof (City, town, or county) Russia 6 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Henry Balzer
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Catharina Maier
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Jacob Ruf
(b) Address 3816 Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-44 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) 11-13-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 12th year 1944 hour 7: minute 05 P M.

21. I hereby certify that I attended the deceased from Sept 23, 1944, to November 12, 1944; that I last saw her alive on November 12, 1944; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Chronic Myocarditis with coronary Embolus | 2 mos. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

93 D

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? — (Specify type of place)
While at work? — (e) Means of injury —

23. Signature D. W. Nigro (M. D. or other) M.D.
Address 925 Argyle Bldg K.C. Mo. Date signed 11-13-44

(Licensed Embalmer's Statement on Reverse Side)

D. M. Negro M.D.
Arg. y le Bg. Ha 2388

**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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.**