

S. No. 2
M-243
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9493**
Registrar's No. **60**

FILED APR 6 1945

Registration District No. _____

Primary Registration District No. **3016**

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Mo.

(c) Name of hospital or institution: St. Marys Hospital
(If outside city or town limits, write "RURAL" and name of townships)

(d) Length of stay: In hospital or institution 2 days
(Specify whether Life)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. 1401 Hazelton Drive
(If rural, give location)

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

3. (a) PRINT FULL NAME Helen Ruwart Young

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1945 hour 9 minute _____ a.m.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Jarvis Young

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

7. Birth date of deceased Nov. 10, 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9/20/45 19 to 3/22/45 19
that I last saw her alive on 3/22/45 19
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day	
<u>67</u>	<u>4</u>	<u>12</u>	hr.	min.

Immediate cause of death Apoplexy

Due to Cerebral Hemorrhage. 2 days

Due to _____

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

10. Usual occupation Housewife

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

Major findings: 87W

11. Industry or business Self

12. Name Henry Ruwart Sr.

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

14. Maiden name Anna Beckman

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Robert Young

(b) Address Jefferson City, Mo.

17. (a) Buried (b) Date thereof 3/24/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

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)

Means of injury _____

18. (a) Signature of funeral director Charles Richter

(b) Address Jefferson City, Mo.

19. (a) 3-23-45 (b) Charles Richter
(Date received local registrar) (Registrar's signature)

23. Signature Ward Cole, M.D.

Address Jefferson City, Mo. Date signed 7/22/45

894

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 4-5-45

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 Sylvester D. Dill

Licensed Embalmer No. 4321

P. O. Address Jefferson 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.