

FILED APR 15 1946 STANDARD CERTIFICATE OF DEATH

State File No. 11870

Registration District No. 324

Primary Registration District No. ~~3072~~ 3072

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
581 W. Arrow /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community All Her Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 770 So. English
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Bettie Elizabeth Ruff

3. (b) If veteran, name war # _____ 3. (c) Social Security No. # _____

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Issac Ruff Sr. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 12 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 5 27 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph E. Pittman
13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Bertha E. Webber
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hugh Odell
(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof Mar. 11, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Cemetery

18. (a) Signature of funeral director J. Frank Sunday

(b) Address Marshall, Mo.

19. (a) 2111 46 (b) Maiko Weadbrook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 46 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Apr 9 46
5 1946 that I last saw her alive on March 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephrosities 18 hrs
Duration

Due to _____

Due to _____

Other conditions Cerebral Hemorrhage
(Include pregnancy within 3 months of death) 7/4/46

Major findings: Of operations _____
Of autopsy DDO
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? DDO (Specify type of place) (e) Means of injury _____

23. Signature DDO (M. D. or other) _____
Address Marshall Date signed 3/10/46

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

RECEIVED

District Health Officer No. 8.

District

Date Filed

4-7-3-46

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.....

J. Leslie Putnam

Licensed Embalmer No. 1235

P. O. Address. Marshall, Ma.

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.