

FILED MAY 17 1946

Registration District No. 176

Primary Registration District No. 5654

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Miller R.R.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Residence 1  
(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 R.R.  
(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

William Sherman Ruark

3. (b) If veteran,

name war None

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 Murt Ruark

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased 11 - 23 - 1870  
(Month) (Day) (Year)

8. AGE:

Years 75 Months 4 Days 1  
If less than one day hr. min.

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

10. Usual occupation Farmer

MOTHER FATHER { 11. Industry or business

12. Name Francis M. Ruark

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

14. Maiden name Emma M. Chapman

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

16. (a) Informant Mrs. Murt Ruark

(b) Address Miller Mo. R.R.

17. (a) Burial (b) Date thereof 8-25-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seymore

18. (a) Signature of funeral director Morris - Humen

(b) Address Miller Mo.

19. (a) 4/16/46 (b) H. S. Burney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 24  
year 1946 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from March 18 1946 to March 24 1946  
and that death occurred on the date and hour stated above.  
that I last saw him alive on March 24 1946

Immediate cause of death Acute hemorrhage

Due to Pyloric leukemia

Due to Cancer stomach

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46K  
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) (e) Means of injury

23. Signature C. F. Stager (M.D. or other) D.O.  
Address — Date signed 3/2/46

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

RECEIVED

District Health Officer No. 6,  
District File Number 546-583

Date Filed MAY 15 1946

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 L. R. Lerman

Licensed Embalmer No. 3297

P. O. Address Milbu 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.