

FILED JUN 20 1946

Registration District No. 11

Primary Registration District No. 5041

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Barry
 (b) City or town Rural Glendale Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No.....
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME

Walter Ruddick

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Allie Ruddick 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Sept. 1888
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days..... If less than one day hr. min.

9. Birthplace Barry County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation.....
 11. Industry or business.....
 MOTHER FATHER { 12. Name Jim Ruddick
 13. Birthplace unknown
(City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Delmer Reed
 (b) Address Cassville, Missouri
 17. (a) Burial (b) Date thereof May 6, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Culver Funeral Home
 (b) Address Cassville, Missouri
 19. (a) May 20 - 1946 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd
 year 1946 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
 that I last saw him ~~at~~ dead May 2, 1946, 19.....;
 and that death occurred on the date and hour stated above.

Immediate cause of death Burned beyond recognition in residence fire near Cassville Mo. Duration

Due to.....
Investigation being continued

Due to.....

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

Major findings:
 Of operations.....
 Of autopsy.....
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
 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?..... (c) Means of injury Burned
 23. Signature J. D. Buchanan Coroner
(M.D. or D.O.)
 Address Monticello Mo Date signed 5-4-46

RECEIVED

District Health Officer No. 6,

District File Number 646-684

Date Filed JUN 14 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 Margaret Culver

Licensed Embalmer No. 4389

P. O. Address Cassville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July

Registration District No. 11

Primary Registration District No. 5041

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Barry Rural
(b) City or town Berry Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Walter Ruddick

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased Sept (Month) 1888 (Day) 1888 (Year)

8. AGE: Years 57 Months _____ Days _____ (If less than one day) _____ hr. _____ min.

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

10. Usual occupation laborer farming

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. June 25-46 (Date received local registrar) (b) Grace Williams (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19 _____

that I last saw him alive on _____, 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence May 2 - 1946

(c) Where did injury occur? Cassville, Barry Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, on industrial place, in public place? burned when his home burned down

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

23. Signature J. D. Buchanan (S. B. of other) Carover

Address J. Mountt. Mo Date signed 6-26-46

MOTHER FATHER

0296

SUPPLEMENTARY

19420