

STANDARD CERTIFICATE OF DEATH

State File No. 27681

Registration District No. 183

Primary Registration District No. 5680

Registrar's No.

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Enterprise Twp. rural  
(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)  
In this community 71 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town Purdin, rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 10 mi. SE (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William L. Rulon

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Bertie A. Richardson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug. 6, 1875  
(Month) (Day) (Year)

8. AGE: Years 71 Months 19 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Ben F. Rulon  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Jane Ashbrook  
15. Birthplace Linn County, Missouri!  
(City, town, or county) (State or foreign country)

16. (a) Informant Beulah VanLandingham  
(b) Address Brookfield, Mo.

17. (a) Burial (b) Date thereof 8/28/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bear Branch Cem.

18. (a) Signature of funeral director Rusk Funeral Home  
(b) Address Brookfield, Mo.

19. (a) Sept. 4 1946 (b) Ella Crookshanks  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25  
year 1946 hour 6 minute 30 p. M.

21. I hereby certify that I attended the deceased from 9/15/40 to 8/25 1946  
that I last saw him alive on 8/10/46 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Due to Chronic Nephritis  
Due to Aortic regurgitation  
Other conditions Massive edema  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 1/3/46

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 M. L. Sugar (M. D. or other) \_\_\_\_\_  
Address Brookfield, Mo. Date signed 8/29

Duration \_\_\_\_\_  
Underlying the cause to which death should be charged \_\_\_\_\_ (List)

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

8  
6  
0

26530

166

(Licensed Embalmer's Statement on Reverse Side)

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 Harold B. Wright

Licensed Embalmer No. 3716

P. O. Address Brookfield, 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.**