

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 14 1946

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30437**
Registrar's No. **4148**

Registration District No. **149** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 21 hrs. 10 mins.
 (Specify whether
 In this community 2 months
 years, months or days)

3. (a) PRINT FULL NAME Linda Erie Ruble

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

4. Sex female **5. Color or** white **6. (a) Single, widowed, married,** single
 divorced
6. (b) Name of husband or wife X **6. (c) Age of husband or wife if** X years
 alive
7. Birth date of deceased. October 30 1944
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>10</u>	<u>27</u>	

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

10. Usual occupation infant **X**

11. Industry or business X

MOTHER FATHER

12. Name Earl G. Ruble, Jr.

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

14. Maiden name Elizabeth Burton (City, town, or county) (State or foreign country)

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

16. (a) Informant Earl G. Ruble, Jr.

(b) Address 3943 Roanoke Road, Kansas City, Mo.

17. (a) burial **(b) Date thereof** 10-1-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-1-46 **(b)** Sheldine Holmes
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**
 (If outside city or town limits, write "RURAL") **8**

(d) Street No. 3943 Roanoke Rd. (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) **1**

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29
 year 1946 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 28, 1946, to Sept. 29, 1946,
 that I last saw her alive on Sept. 29, 1946,
 and that death occurred on the date and hour stated above.

Immediate cause of death
Acute pulmonary congestion
cause undetermined (n.m.o.)

Due to.....

Due to.....

Other conditions 109-B
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy..... See above

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 Brandon Hull (M.D. number) 9-30-46
 Address Med. Dir. Gen'l Hosp. Date signed.....

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..... *E. M. Plaut*

Licensed Embalmer No. *1848*

P. O. Address *K. C. 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.