

FILED JAN 20 1947

Registration District No. 114

Primary Registration District No. 4/86

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Sullivan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: North Side Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one week
(Specify whether years, months or days)
In this community 4 1/2 years

3. (a) PRINT FULL NAME ANNA. PAULINE. RUWWE
3. (b) If veteran, name war XX
3. (c) Social Security No. XX

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Henry C. Ruwwe
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Jan 7 1881
(Month) (Day) (Year)

8. AGE: Years 66 Months XX Days XX
If less than one day hr. min.

9. Birthplace Osar Hill Crawford Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Judith Embre

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

14. Maiden name Katherine Hunderman

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

16. (a) Informant Henry Ruwwe

(b) Address Cuba Mo R.R. 1

17. (a) Burial (b) Date thereof Jan 9 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RUWWE, Cem. Private

18. (a) Signature of funeral director E. J. Meyer

(b) Address Central Mo

19. (a) 1-8-47 (b) CA Brator
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Mason Co 37
(c) City or town Cuba Mo R.R. #1
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? (X) No
If yes, name country XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1947 hour 1 minute A. M.
21. I hereby certify that I attended the deceased from 1-1-47 to 1-7-47, 1947
that I last saw him alive on Jan 7, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death cause of stomach
Duration ?

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations H6 B
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)
(a) Means of injury 0
23. Signature John Inbar (M. D. or other)
Address Sullivan Mo Date signed 1-8-47

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

16
4
0

RECEIVED
DISTRICT HEALTH OFFICER No. 9,
District File Number
Date Filed JAN 15 1947

AUG 7 1957

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Carl C. Curtis
Licensed Embalmer No. 3385
P. O. Address New Haven, Conn.

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.