

FILED MAY 1 1947

Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 139

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 816 S. Sprigg  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether  
In this community life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")  
(d) Street No. 816 So Sprigg  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Ruby Ruch

3. (b) If veteran, name war no

3. (c) Social Security No. \_\_\_\_\_

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife August Ruch

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

7. Birth date of deceased May 28 1880

(Month) (Day) (Year)

8. AGE:

Years 66 Months 10 Days 27 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace

Oak Ridge Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

House work

11. Industry or business

MOTHER FATHER

12. Name

H. B. G. Nuttall 1

13. Birthplace

Millbur Ky. (City, town, or county) (State or foreign country)

14. Maiden name

Stennie Dudley

15. Birthplace

Ballinger County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant

Glenn Roberts

(b) Address

Oak Ridge Mo.

17. (a) Burial

(b) Date thereof 4/13/47  
(Month) (Day) (Year)

(c) Place: burial or cremation

Oak Ridge Mo.

18. (c) Signature of funeral director

M. S. Combs & Co.

(b) Address

Jackson Mo.

19. (a) Date received local registrar

4-23-1947

(b) C. C. Summers  
(Registrar's signature) 4-11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21  
year 1947 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb 26 1947 to April 1st 1947  
that I last saw her alive on Mar 24<sup>th</sup> 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death

Diabetes Mellitis

Duration

2  
years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations (6)

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 0

23. Signature E. R. Schuck (M. D. or other) \_\_\_\_\_  
Address Cape Girardeau, Mo. Date signed 4/22/47

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

RECEIVED

District Health Officer No. 4  
District File Number 447-582  
Date Filed 4-28-47

**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 BA Meyer  
Licensed Embalmer No. 3051  
P. O. Address Jackson 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.**