FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 15 1948
Registration District No. 28

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

3854

State File No.
Primary Registration District No. 5011
Registrar's No. 230

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

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Clay Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5 mi North Fillmore (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew 2
(c) City or town Clay Township (If outside city or town limits, write "RURAL") 0
(d) Street No. 5 mi North Fillmore (If rural, give location) 0
(e) Citizen of foreign country? no (~~Yes~~ or No)
If yes, name country

3. (a) PRINT FULL NAME William Edwin Ruddell
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Gertrude
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Jan (Month) 30 (Day) 1870 (Year)

8. AGE: Years 78 Months 0 Days 28 If less than one day hr. min.
9. Birthplace Marbel Head (City, town, or county) Ill (State or foreign country) 1
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name George H Ruddell 9
13. Birthplace Un Known (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Josephine Feathergill
15. Birthplace Un Known (City, town, or county) (State or foreign country) 9
16. (a) Informant Ira Ruddell 1
(b) Address Bolckow Mo
17. (a) B. (Burial, cremation, or removal) (b) Date thereof 3-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Antioch
18. (a) Signature of funeral director E. C. Brett
(b) Address Savannah Mo
19. (a) 3-1-48 (Date received local registrar) (b) Lillian [illegible] (Registrar's signature) 2

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 day 28 year 1948 hour 5 minute 30 p. M.
21. I hereby certify that I attended the deceased from 2-28, 1948 to 2-28, 1948; that I last saw him alive on Feb 28, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage, massive, lungs	1 hr
Due to: Run over by truck	1 hr
Due to:	
Other conditions: Fracture legs, bilateral (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 2
(b) Date of occurrence Feb 28, 1948
(c) Where did injury occur? Fillmore (City or town), Andrew (County), Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm 9 deceased (Specify type of place)
While at work? yes (e) Means of injury Run over by truck
23. Signature Gilbert B Killey (M. D. or other) M.D.
Address Savannah, Mo Date signed 3-7-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. C. Breit

Licensed Embalmer No. 2650

P. O. Address Sacramento Mo

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

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