No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 4 1948

Registration District No. 118

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5440

State File No. 4467

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Rural Clay Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
At his home Bland Mo. Route 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Lifetime (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Near Bland, 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elmer William Ruskaup

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife **

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

7. Birth date of deceased November (Month) 11 (Day) 1924 (Year)

8. AGE: Years 23 | Months 2 | Days 4 | If less than one day ___ hr. ___ min.

9. Birthplace Bland (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer and Factory Worker

11. Industry or business

FATHER
12. Name Louis Ruskaup 0
13. Birthplace Bland (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ida Garver 0
15. Birthplace Bland (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Louis Ruskaup

(b) Address Bland, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Union Cem. Bland, Mo.

18. (a) Signature of funeral director Milford H. H. Winter

(b) Address Owensville, Mo.

19. (a) 2-9-48 (Date received local registrar) (b) Dorothy Hackman (Registrar's signature) RLF

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15
year 1948 hour 2 minute 35 a.M.

21. I hereby certify that I attended the deceased from Dec. 6, 1947, to Jan. 15, 1948;
that I last saw him alive on 1-15, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Subarachnoid Hemorrhage — Cause Unknown	5 wks.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature Paul A. Brewer (M. D. or other) MD

Address Owensville, Mo. Date signed 1-15-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2/23/48
MAY 4 1948

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

Harvey Kahle, Registered Apprentice No. 9

working under my personal supervision.

Signed Milford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville, 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.