

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 1 1948

STANDARD CERTIFICATE OF DEATH

State File No. 36329
Registrar's No. 6

Registration District No. 174

Primary Registration District No. 4235

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

1. PLACE OF DEATH:
(a) County Iron
(b) City or town Annapolis
(c) Name of hospital or institution: /
(d) Length of stay: In-hospital or institution life
In this community years, months or days

3: (a) PRINT FULL NAME James Andrew Ruble
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nellie Ruble
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased May 25 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 13
If less than one day hr. min.

9. Birthplace Iron County Missouri
10. Usual occupation retired

11. Industry or business
12. Name William Ruble
13. Birthplace Vulcan Missouri
14. Maiden name Hepsie Lewis
15. Birthplace Mo.

16. (a) Informant Mrs. Nellie Ruble
(b) Address Annapolis Missouri
17. (a) burial (b) Date thereof
(c) Place: burial or cremation

18. (a) Signature of funeral director White Funeral Home
(b) Address Ironton Missouri
19. (a) 11-23-48 (b) Mrs. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Iron
(c) City or town Annapolis
(d) Street No.
(e) Citizen of foreign country? no
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 8
year 1948 hour 4 minute 15 P. M.
21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to acute nephritis
Other conditions Arthritis
Major findings: Of operations
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature C. Mc... (M. D. or other)
Address Leaserville Mo. Date signed 1/12/48

RECEIVED

Health Officer No. Y
File Number 1148-1
11-30-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.