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

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5428

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion		
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. LENGTH OF STAY (in this place) 10/14/49	c. CITY (If outside corporate limits, write RURAL and give township) Hannibal		0644 3
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering			d. STREET ADDRESS (If rural, give location) 211 South Ninth		

3. NAME OF DECEASED (Type or Print) Emma Louise Ruoff			4. DATE OF DEATH (Month) (Day) (Year) February 22, 1950		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH February 7, 1878		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 15	IF UNDER 24 HRS. Hours 15	IF UNDER 1 MIN. Min. 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Hannibal Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A		0

13a. FATHER'S NAME Jacob Neth		13b. MOTHER'S MAIDEN NAME Louise Digel		14. NAME OF HUSBAND OR WIFE John Ruoff	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Ruoff, Hannibal Missouri			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 3 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Lobar Pneumonia					
ANTECEDENT CAUSES	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Cerebral thrombosis					None
DUE TO (b)						
DUE TO (c)						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						332A

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR		
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22. I hereby certify that I attended the deceased from 10-10, 1949 to 2-22, 1950, that I last saw the deceased alive on 2-22, 1950, and that death occurred at 1:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE D. H. Gentry MD		23b. ADDRESS Hannibal Mo		23c. DATE SIGNED 2-25-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/24/50	24c. NAME OF CEMETERY OR CREMATORY Mount Olivet	24d. LOCATION (City, town, or county) (State) Hannibal Missouri		
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DATE REC'D BY LOCAL REG. 2-27-50	REGISTRAR'S SIGNATURE Wm. M. Lucke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clayford Smith Hannibal Missouri		
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RECEIVED MAR 1 1950

MISSOURI HEALTH DEPT.

DATE FILED MAR 3 1950

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

H. Crawford Smith

Signed.....

Student Embalmer

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.