

Registration District No. 72

Primary Registration District No. 3014

1. PLACE OF DEATH:  
(a) County Clay  
(b) City or town Liberty  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
328 Choctaw St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 74 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Clay 24  
(c) City or town Liberty 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 328 Choctaw 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No 0

3. (a) PRINT FULL NAME Alice Ruff  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month September day 25  
year 1944 hour 8 minute A.M.

4. Sex Female 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife George W. Ruff  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 29 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1942 19\_\_\_\_ to Sept 25 1944  
that I last saw her alive on Sept 24 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
74 6 29 hr. min.

Immediate cause of death Hypertension  
Due to Hypertension Index  
Due to \_\_\_\_\_

9. Birthplace Liberty, Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife  
11. Industry or business At home

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER { 12. Name Nathaniel Sally  
13. Birthplace Clay Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Missouri Ann Sally  
15. Birthplace Clay Co. Mo.  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_  
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

16. (a) Informant Dulcinea Barker  
(b) Address 328 Choctaw St.

23. Signature W. W. Hendricks (M. D. or other)  
Address Liberty, Mo. Date signed 9/25/44

17. (a) Burial (b) Date thereof Sent. 27, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Liberty, Mo.  
18. (a) Signature of funeral director O. J. Carder Jr.  
(b) Address 119 E. Franklin St. Liberty, Mo.  
19. (a) 9-25-44 (b) Helen Early  
(Date received local registrar) (Registrar's signature)

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

24  
2  
1

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 10-10-44

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 O. J. Carder Jr.  
Licensed Embalmer No. 3934  
P. O. Address Liberty 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.