

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14298
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001 Registered No. 421
 (c) City St. Joseph (d) Street No. St. Joseph Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 5th Street Cornel Rubake (RUHNKE) St. Ray, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 4 5

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray, Mo.

FATHER
 13. NAME Cornel A. Rubake

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray, Mo.

MOTHER
 15. MAIDEN NAME Cath. Cernal

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray, Mo.

17. INFORMANT (ADDRESS) Cornel A. Rubake
Ray, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Removed St. Mary's 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gustav J. Rau
Ray, Mo.

20. FILED Apr 19, 1939 C. H. Nettleford
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1939, to April 19, 1939
 I last saw him alive on April 19, 1939. Death is said to have occurred on the date stated above, at 6:30 p. m.
 The principal cause of death and related causes of importance were as follows:

Second or Third degree
Burns
 Date of onset 3-23-1939
 Other contributory causes of importance: None

Name of operation None Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 3/23, 1939
 Where did injury occur? St. Joseph, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home
 Manner of injury Fell in coal fire
 Nature of injury 2nd & 3rd degree burns

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Gustav J. Rau M. D.
 (Signed) (Address) Mark Patrick Bldg. St. Joseph, 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,

C. L. Kan

....., or by

Registered Apprentice No....., working under my personal supervision

Signed.....
C. L. Kan

Licensed Embalmer No. *3532*

P. O. Address *Indy, Ind.*

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, above space should be left blank.