

FILED MAR 27 - 1940

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

7039

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper <sup>2</sup> Registration District No. 410  
 (b) Township Sheridian Primary Registration District No. 5568 Registered No. 1  
 (c) or City 1 (d) Street No. Rural Route 1, Carthage 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 8 yrs. 1 mos. 29 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Susan Adaline Bruffett

(a) Residence, No. Rural Route 1, Carthage St.   
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 (OR) WIFE OF Jacob Bruffett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
81 1 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) 0  
 (STATE OR COUNTRY) Jasper Co. Mo.

FATHER 13. NAME Joe Wright

14. BIRTHPLACE (CITY OR TOWN) 4  
 (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Sarah Ann Savage

16. BIRTHPLACE (CITY OR TOWN) 1  
 (STATE OR COUNTRY) Tenn.

17. INFORMANT Mrs. Fay Tiller  
 (ADDRESS) Rural Route 1, Carthage

18. BURIAL, CREMATION OR REMOVAL  
 PLACE Hackney DATE 1-2 19. 40

19. FUNERAL DIRECTOR (NAME) Ulmer Funeral Home  
 (ADDRESS) Carthage, Mo.

20. FILED Jan 8 1940 Clara E. Carns 955 (Address) Carthage Mo  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-29, 19 39

22. I HEREBY CERTIFY, That I attended deceased from  
Dec 28 <sup>1939</sup>, to Dec 29, 19 39

I last saw her alive on Dec 29, 19 39 Death is said to have occurred on the date stated above, at 8:15 P. M.

The principal cause of death and related causes of importance were as follows:

acute Myelogenous Leukemia Date of onset ?

Other contributory causes of importance:

Sensitivity 92"  
 Name of operation none Date of  
 What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide Date of injury  
 Where did injury occur? ? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify  
 (Signed) George H. Wood, M. D.  
Carthage Mo

Ward looked for funeral home  
 of my record book, very sorry.  
 Mrs. Carns

RECEIVED

District Health Officer No. 6,  
License File Number 3040-606  
Date Filed MAR 4 1940

**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 *Ed [unclear]*  
Licensed Embalmer No. 2222  
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, above space should be left blank.**