

Throgmorton
Registration District No. 5-1-1

Primary Registration District No. 5-1-1

Registrar's No.

1. PLACE OF DEATH:

- (a) County New Madrid
- (b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution _____
(Specify whether _____)
- In this community _____
years, months or days

8. (a) PRINT
FULL NAMEJohn W. Ruffin 1578. (b) If veteran,
name war _____8. (c) Social Security
No. _____4. Sex M5. Color or
race W6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Lucy Ruffin6. (c) Age of husband or wife if
alive 64 years7. Birth date of deceased 8
(Month)8 76
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

64029

hr. _____ min.

9. Birthplace

Caldwell Co.Ky.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Farming

11. Industry or business

12. Name Henry Ruffin13. Birthplace Caldwell Co.Ky

(City, town, or county)

(State or foreign country)

14. Maiden name Mary Hill15. Birthplace Caldwell Co.Ky.

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature Ronald E. Ruffin(b) Address Matthews Co. R # 317. (a) Burial (b) Date thereof 9/8/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sikeston Mo. Rural18. (a) Signature of funeral director John Albert Blanton(b) Address Sikeston Mo.19. (a) 9-11-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County New Madrid
- (c) City or town Rural
(If outside city or town limits, write "RURAL")
- (d) Street No. _____
(If rural, give location)
- (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 7
year 1940 hour 10 minute 10 a.m.21. I hereby certify that I attended the deceased from Feb. 1940
_____, 19____ to 9-7, 19____that I last saw him alive on Aug 3
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of jaw

Duration

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma of jaw

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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? _____
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? 539
- (e) Means of injury _____
(Specify type of place)

23. Signature H.B. Throgmorton (M. D. or other)Address Sikeston Mo Date signed 9-10-40

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..... *John Allerton*
Licensed Embalmer No..... *2941*
P. O. Address..... *Sherborn*

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.