

BUREAU OF THE CENSUS  
FILED APR 20 1942

State File No. ....

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 89.

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau Mo  
(c) Name of hospital or institution: St. Francis Hosp  
(d) Length of stay: In hospital or institution 7 days  
In this community 7 years 7 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100  
(c) City or town Farnfest 20  
(d) Street No.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME

Sophia Ruffner

(b) If veteran, name war

(c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grover C Ruffner

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Feb 2 1897

8. AGE: Years 45 Months 1 Days 18

9. Birthplace Scott Co Mo

10. Usual occupation House wife

MOTHER FATHER

11. Industry or business  
12. Name William Spalding  
13. Birthplace Cape Co Mo  
14. Maiden name Ella Layton  
15. Birthplace Don't know

16. (a) Informant Grover C Ruffner  
(b) Address Farnfest Mo

17. (a) Burial (b) Date thereof May 22 1942

(c) Place: burial or cremation Memorial Park, Cape Girardeau Mo  
18. (e) Signature of funeral director Bisplinghoff, Hubbard

(b) Address 3-22-42  
19. (a) (b) J. W. Phelps

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20 year 1942 hour 9 minute 10 A. M.

21. I hereby certify that I attended the deceased from 3/13 1942 to 3/20 1942

that I last saw him alive on 3/20 1942 and that death occurred on the date and hour stated above,

Immediate cause of death: Aneurysm

Due to: Coronary Arteriosclerosis

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations 134a

Of autopsy

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?  
(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

23. Signature: J. W. Phelps (M. D. or other) Date Signed 3/22/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECORDED

District Health Officer No. 4

District File Number 442-505

Date Filed 4-15-42

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**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.....

Licensed Embalmer No.....

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, fact should be so stated above.**