

FILED OCT 5 1942

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson City

(c) Name of hospital or institution See Hrs #2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 46 8 days  
(Specify whether)

In this community 33 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 1726 Longfellow  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jesse Ruffin

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex m 5. Color or race col

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

6. (b) Name of husband or wife ANNA DONT KNOW

6. (c) Age of husband or wife if alive 12 years  
(Month) (Day) (Year)

7. Birth date of deceased June 12 1873  
(Month) (Day) (Year)

8. AGE: Years 69 Months 23 Days 16 If less than one day  
hr. min.

9. Birthplace Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business DEFENSE WORK

MOTHER FATHER { 12. Name JOSEPH RUFFIN

13. Birthplace ALABAMA  
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH CHILDS

15. Birthplace ALABAMA  
(City, town, or county) (State or foreign country)

16. (a) Informant MARY CHERRY

(b) Address 2535 Flora

17. (a) BURIAL (b) Date thereof 9-28-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 1819 E. 15th St. KCMO

19. (a) 9-28-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26  
year 1942 hour 1245 minute A M.

21. I hereby certify that I attended the deceased from 8-17-1942 to 9-25-1942

that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Accomplications

Due to Hypertensive Type

Due to Heart disease

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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 \_\_\_\_\_

(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?

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other)  
Address See Hrs #2 Date signed 9/28/42

**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. *2211*

P. O. Address *1819 E. 15*

**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.**