

ED AUG 7 1943
Registration District No. 47

Primary Registration District No. 5162

1. PLACE OF DEATH:

(a) County... Callaway
(b) City or town... Rural - Cleveland Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 miles North Stephens
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community... 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Callaway
(c) City or town... Rural - Stephens Twp
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles North Stephens
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country... 0

3. (a) PRINT FULL NAME

William Gaines Reufer

3. (b) If veteran,

name war... Civil War

3. (c) Social Security

No. no

4. Sex

M

5. Color or race

W

6. (a) Single, widowed, married,

2 divorced Widowed

6. (b) Name of husband or wife

Nancy Reufer

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

Dec 25, 1847
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

95 | 6 | 16

hr. min.

9. Birthplace

Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

farming

11. Industry or business

MOTHER FATHER { 12. Name

James Reufer

13. Birthplace

Missouri
(City, town, or county) (State or foreign country)

14. Maiden name

Nancy Cathran

15. Birthplace

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

16. (a) Informant

Mrs Mary Reufer

(b) Address

Stephens, Mo

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

7/12/43
(Month) (Day) (Year)

(c) Place: burial or cremation

Grand View Cemetery

18. (a) Signature of funeral director

W. H. Wallace

(b) Address

Fulton, Missouri

19. (a)

7-11-1943
(Date received local registrar)

Jesse M. ...
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

7 day 11

year 1943 hour 5:25 PM M.

21. I hereby certify that I attended the deceased from

17, 1943, to July 11 - 1943

that I last saw h. alive on May 17 - 1943

and that death occurred on the date and hour stated above.

Immediate cause of death

Myocarditis

Duration
few
mo.

Due to

Age 93 1/2

Due to

Other conditions

Senile Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

None

Of autopsy

None

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? No

(Specify type of place)

(c) Means of injury

23. Signature

W. P. ... (M. D. or other)

Address

Callaway Mo

Date signed 7-11-43

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

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..... *Leo Y Wallace*

Licensed Embalmer No. *3373*

P. O. Address..... *Fulton Mo.*

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.