

Registration District No. 160

Primary Registration District No. 3030

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Jefferson
 (b) City or town Festus
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Approx 60 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
 (c) City or town Festus
 (If outside city or town limits, write "RURAL")
 (d) Street No. 420 Main St.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ernestine Ruffer

3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Fred Ruffer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 6 - 1850
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 9 0 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Hoothel Goldammer

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

14. Maiden name Bertha Schmidt

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

16. (a) Informant Ida Ruffer
 (b) Address Festus Mo.

17. (a) Burial (b) Date thereof 7-9-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus Methodist Cem.

18. (a) Signature of funeral director H. S. Vinyard

(b) Address Festus Mo.

19. (a) 7-8-43 (b) H. S. Vinyard
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 6
 year 1943 hour 3 minute 05 M.

21. I hereby certify that I attended the deceased from March 1940 to July 6 1943
 that I last saw him alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death General debility, Senility
 Due to Age, Stomach Ulcer's 5 yrs

Due to _____
 Other conditions (Include pregnancy within 8 months of death) 1170

Major findings: Of operations _____
 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? _____ (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)
 (c) Means of injury 1

23. Signature J. E. Rutledge (M. D. or other)
 Address Festus, Mo. Date signed 7-8-43

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

MOTHER FATHER

Duration
 Physician
 Underline the cause to which death should be charged statistically.

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.....

Alfred T. Nygard

Licensed Embalmer No. *3010*

P. O. Address.....

Festus 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.