

S. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34636
Registrar's No. 89

NOV 5 1943
Registration District No. 116

Primary Registration District No. 3020

36
6
2

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

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington
(c) Name of hospital or institution: St. Francis A
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Gasconade
(c) City or town Owensville
(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. 1 years.

3. (a) PRINT FULL NAME ANTONE RUFFNER
(b) If veteran, name war No
(c) Social Security No. No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 28
year 1943 hour 10 minute 17 P. M.

4. Sex M. 5. Color or Race W.
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Oct. 19, 1943 to Oct 28, 1943
that I last saw him alive on Oct 27, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Gangrene right foot

7. Birth date of deceased Oct 23 1856
(Month) (Day) (Year)

Due to Diabetes mellitus 1 yr

8. AGE: Years 87 Months 0 Days 5
If less than one day hr. _____ min.

Due to _____

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

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

10. Usual occupation Laborer

Major findings: _____
Of operations _____

11. Industry or business Farms

Of autopsy _____

12. Name JACOB RUFFNER

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

18. Birthplace SWITZERLAND
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs. F. W. Stukenbrocker
(b) Address Owensville, Mo

17. (a) Burial (b) Date thereof 10-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Swiss, Mo.

18. (a) Signature of funeral director Jappmeyer-Murray
(b) Address Owensville, Mo

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 _____

19. (a) Oct 29 43 (b) Lucille Ruethe Brooker
(Date received local registrar) (Registrar's signature)

23. Signature St. Emanuel Hosp (M. D. or other) _____
Address Washington Mo. Date signed 10/29/43

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(Licensed Embalmer's Statement on Reverse Side)

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. *me*

working under my personal supervision.

Signed

Robert M. Murray

Licensed Embalmer No. *3749*

P. O. Address. *Owensville, 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, above space should be left blank.