

S. No. 2
DOM-2-43
Rev. 5-17-39
I X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43980

State File No. _____

FILED JAN 13 1944

6140

Registrar's No. 103

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County: Shelby

(b) City or town: Clarence, Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Clay Ferry
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community: Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Shelby

(c) City or town: Clarence - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: JOHN RUFENER

3. (b) If veteran, name war: _____ 3. (c) Social Security No.: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1
year 1943 hour 4:00 minute p M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife: Martha Rufener 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: Sept 25 1863
(Month) (Day) (Year)

Immediate cause of death: Myocarditis ?

Due to: no inquest deemed necessary

Due to: _____

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

8. AGE: Years Months Days If less than one day

80 2 6 hr. min.

9. Birthplace: Wende, Mo. (City, town, or county) Wis. (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: _____

12. Name: Chris Rufener

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

14. Maiden name: Catherine Heintz

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

16. (a) Informant: Fred Rufener

(b) Address: Clarence, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 3 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Maplewood Cemetery

18. (a) Signature of funeral director: E. P. Thompson

(b) Address: Shelbyville, Mo.

19. (a) Dec 1 1943 (Date received local registrar) (b) Mary Gooch (Registrar's signature)

Major findings: 92%

Of operations: _____

Of autopsy: _____

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: E. P. Thompson 3 (M.D. or other) Coroner

Address: Shelbyville, Mo. Date signed: 12-3-43

100 (Licensed Embalmer's Statement on Reverse Side)

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

JAN 18 1944

RECEIVED

District Health Officer No 10

District File Number 1-44-184

Date Filed JAN 12 1944

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.....

myself

Registered Apprentice No.....

working under my personal supervision.

Signed *E. P. Thompson*

Licensed Embalmer No. *1632*

P. O. Address *Shelbyville, 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.