

S. No. 2  
-12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35301**

FILED NOV 5 1947

Registration District No. **278**

Primary Registration District No. **3054**

Registrar's No. **109**

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

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution:  
Pike Co. Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Weeks  
Lifetime (Specify whether years, months or days)

3. (a) PRINT FULL NAME Beniah Carroll Ruffin

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color of race White

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 26 1883  
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 25  
If less than one day hr. min.

9. Birthplace Pike Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer  
Agriculture Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Lemon H. Ruffin

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

14. Maiden name Mary Ann Carroll

15. Birthplace Unknown North Car.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Billy Page

(b) Address Louisiana Missouri

17. (a) Burial (b) Date thereof 10/23/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buffalo Cemetery

18. (a) Signature of funeral director Garner & Sterne

(b) Address Louisiana Missouri

19. (a) 10-23-47 (b) Bernice Collier  
(Date received local registrar) (Registrar's signature) 274

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

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

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21  
year 1947 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from About June 1945 to Oct. 21, 1947  
that I last saw him alive on Oct. 21, 1947  
and that death occurred on the date and hour stated above

Immediate cause of death Failure of Respiration Duration 4-5 days

Due to Arterio-sclerosis 10-15 yrs.

Due to Probably old age

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
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 Charley Jewell (M.D. or other)  
Address Louisiana Mo. Date signed 10/23/47

RECEIVED  
District Health Officer No. 10  
District File Number 11-47-1273  
Date Filed NOV - 4 1947

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.....

*Virginia M. Stearns*, Registered Apprentice No. *491*  
working under my personal supervision.

Signed *Harold V. Garner*

Licensed Embalmer No. *3720*

P. O. Address *Louisiana 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.