

NOV 3 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33920
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 796
(b) Township Marshall Primary Registration District No. 3038 Registered No. 154
(c) City Marshall (d) Street No. Fitzgibbons Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Rufus W. Aulger
(a) Residence, No Saline County Home St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ellen Aulger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14th, 1855

7. AGE YEARS 83 MONTHS 7 DAYS 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Plasterer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Saline County (STATE OR COUNTRY) Missouri

13. NAME Levi Aulger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Polly Ann Coffey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. Ruth Smith Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Cem. DATE Oct. 27 1938

19. FUNERAL DIRECTOR (ADDRESS) Campbell-Lewis Funeral Home Marshall, Mo.

20. FILED 10-27-38 Mary Kent Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 1938

22. I HEREBY CERTIFY that I attended deceased from Oct 21 to Oct 27 1938.
I last saw him alive on Oct 27 1938. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

Hypertensive pneumonia
Date of onset Oct 21

Other contributory causes of importance:
In left femur Oct 21

Name of operation Clavical X-ray Date of Oct 27
What test confirmed diagnosis? Clavical X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury Oct 21 1938
Where did injury occur? Co. farm Marshall Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell down on floor
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
(Signed) Dr. J. H. Aulger M. D.
(Address) Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004 WITH OBTAINING INK—THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I, Joe H. Rennie, Licensed Embalmer No. 1171
hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Joe H. Rennie
Licensed Embalmer No. 1171

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.)