

REC'D SEP 14 1939

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

29284

Do not use this space.

1. PLACE OF DEATH <sup>2</sup>  
(a) County Howell Registration District No. 384  
(b) Township 1 Primary Registration District No. 4227 Registered No. \_\_\_\_\_  
(c) City West Plains (d) Street No. \_\_\_\_\_ 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. 4 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME <sup>363</sup> Rufus Edwards, Jr.  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
16 10 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student

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) Wetumka, (STATE OR COUNTRY) Okla.

13. NAME Rufus Edwards  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

15. MAIDEN NAME Allie Frances Wiley

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

17. INFORMANT C. M. Clements (ADDRESS) West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Thayer, Mo. DATE Aug. 13, 1939

19. FUNERAL DIRECTOR (NAME) Robertsons' Mortuary (ADDRESS) West Plains, Mo.

20. FILED 8-13, 1939 Vida W. SIMONS Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Instant death by Methane gas

Date of onset

Other contributory causes of importance: MS

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 8/12, 1939  
Where did injury occur? West Plains, Howell Co. Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Home

Manner of injury Climbed down a cistern

Nature of injury Overcome by Methane gas

24. Was disease or injury in any way related to occupation of deceased? 1

If so, specify \_\_\_\_\_  
(Signed) Mayme C. Thornburg M.D.  
(Address) West Plains, Mo. Colonel

**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.

District Health Officer No. 5,

District File Number 939143

Date Filed 9-5-39

Signed .....

Licensed Embalmer No. ....

P. O. Address .....

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.