

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30936

DEC 16 1940 831
Registration District No. 831

Primary Registration District No. 6092

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Rural - Black Creek
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 38 years (Specify whether years, months or days) 2

8. (a) PRINT FULL NAME Gottlieb Lee Rufener

8. (b) If veteran, name war _____ 8. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Sarah Rufener 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased 11 17 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Fond du Lac Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business 7

12. Name Lohris Rufener

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

14. Maiden name Catherine Hauser

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

16. (a) Informant Thos. J. Kattasing

(b) Address Shelbyville Mo

17. (a) Burial (b) Date thereof 11-24-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Wood Cemetery

18. (a) Signature of funeral director Admission Und. Co.

(b) Address Clarence, Missouri

19. (a) Nov 24 1940 (b) Pearl Doe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
(c) City or town Rural - Black Creek
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 22
year 1940 hour 12 minute 25 AM.

21. I hereby certify that I attended the deceased from Nov - 20, 1940 to Nov 22, 1940
that I last saw him alive on Nov 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Insufficiency Duration ?

Due to not known

Due to _____

Other conditions Y A
(Include pregnancy within 3 months of death)

Major findings: Of operations Y

Of autopsy none made

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) X

(b) Date of occurrence 11-22-40

(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?

748 (Specify type of place)

While at work? _____ (e) Means of injury

23. Signature P. C. Archer (M. D. or other) ✓

Address Shelbyville Mo Date signed 11-26

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

2

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RECEIVED

District Health Officer No. 10

District File Number 125-40-2319

Date Filed DEC 13 1940

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 ME

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 1754

P. O. Address Hummel

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.