

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 11 1942

Registration District No. 30

Primary Registration District No. 5101

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Benton

(b) City or town "Rural" Alexander Twp.
(If outside city or town limits, write "RURAL" and name of township)

(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 _____ (Specify whether _____)
In this community 15 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

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

(d) Street No. Hogles Creek Community
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 54 years years.

3. (a) PRINT FULL NAME Katherine Anna Rulfs

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

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Carson William Rulfs 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 11 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>0</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Nessen

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

14. Maiden name Unknown

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

16. (a) Informant E. J. Rulfs

(b) Address Wisdom Star Rt. Warsaw, Mo.

17. (a) Burial (b) Date thereof Oct. 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hogles Creek Cemetery

18. (a) Signature of funeral director White-Raser

(b) Address Warsaw, Mo.

19. (a) 10-9-42 (b) Jas. A. Logan
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8
year 1942 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Sept., 1, 1942,
19____, to _____, 19____;
that I last saw her alive on Oct., 6, 1942, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute nephritis

Due to senility

Due to _____

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

Major findings: _____
-- Of operations _____

Of autopsy _____

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 9

23. Signature Emuel Hall (M. D. or other) MD
Address Warsaw, Mo. Date signed 10/9/42

Duration 2 mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7

District File Number 11-42-1153

Date Filed 11-5-42

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.

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, fact should be so stated above.