S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15775

APR 30 1943

Registration District No. 893 Primary Registration District No. 6269 Registrar's No. 19

1. PLACE OF DEATH:

(a) County Webster

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

(c) Name of hospital or institution: x /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ~~x~~ (Specify whether
In this community 50 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

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

(d) Street No. Ozark township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country x 0

3. (a) PRINT FULL NAME Milton Leroy Kaufman

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Carrie Mae Kaufman

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased February (Month) 4 (Day) - 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	1	20	x hr. x min.

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

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name John Kaufman
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Dolfman
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carrie Kaufman
(b) Address Marshfield, Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Mar. 28-1943 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Mission Home

18. (a) Signature of funeral director Rex Ramey
(b) Address Marshfield Missouri

19. (a) 4/2/43 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1943 hour 3:30 minute A.M.

21. I hereby certify that I attended the deceased from May 16, 1942 to March 24, 1943;
that I last saw him alive on March 14, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Valvular Heart Disease	25 years or over
Due to Rheumatic Heart Disease	
Due to	
Other conditions Pulm. Tuberc. Chronic; Bronch Asthma (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 13 f

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature C. P. Macdonnell (M. D. ~~or other~~) MD
Address Marshfield, Mo. Date signed 3/24/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 443-526
Date Filed 4-29-43

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 Lex Lancy

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.