

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42825
Registrar's No. 1085

FILED JAN 11 1943

Primary Registration District No. 2.000

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

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright
(c) City or town Mt. Grove
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LOUIS RUFFCORN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Eva Ruffcorn 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Jan. 28, 1864
(Month) (Day) (Year)

8. AGE: Year 79 Months 11 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Auctioneer

11. Industry or business

12. Name William Ruffcorn
13. Birthplace Unk. (City, town, or county) Penn. (State or foreign country)
14. Maiden name Unk.
15. Birthplace Unk. (City, town, or county) Unk. (State or foreign country)

16. (a) Informant MARY Walker
(b) Address Mt. Grove, Mo.
17. (a) Burial (b) Date thereof 12-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Grove

18. (a) Signature of funeral director Stapp Funeral Home
(b) Address Mt. Grove, Mo.
19. (a) 12-30-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1943 hour 5 minute 45 M.
21. I hereby certify that I attended the deceased from Dec 26 1943 to Dec 29 1943
that I last saw him alive on Dec 28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Bronch Duration 1 wk.
Due to _____
Due to _____
Other conditions Arterio-sclerosis gms
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other MD)
Address Springfield Mo Date signed 12/29/43

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.....

J.B. Klugner

Licensed Embalmer No.....

3358

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.