

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11441

State File No.

Registrar's No. 33

FILED APR 6 1944

Primary Registration District No. 5698

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

1. PLACE OF DEATH:

(a) County Darington

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

(c) Name of hospital or institution: Sampell Rural 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether)

In this community 57 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Darington

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

(d) Street No. Sampell Rural
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Eliza Jane Rufe

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar - day 17
year 1944 hour one - minute 30-00 M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Francis M Rufe

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

7. Birth date of deceased June 6 - 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 10
1944 to March 17 1944
that I last saw her alive on March 17 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

84 9 10 — jr. min.

Immediate cause of death Tuba pneumonia 4 days
Influenza 32-10-10

Due to —

Due to —

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

9. Birthplace Menifee Co - Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Unknown

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

14. Maiden name Fancy Leonard

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

PHYSICIAN

Major findings: Of operations —

Of autopsy —

Underline the cause to which death should be charged statistically.

16. (a) Informant William Franklin Rufe

(b) Address Sampell Mo

17. (a) Burial (b) Date thereof Mar 20 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olive Cem

18. (a) Signature of funeral director Jamen Doctor / 820

(b) Address Adelle Coe Mo

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 —

19. (a) March 21 (b) How Elva Curry
(Date received by registrar) (Registrar's signature)

23. Signature Alfred Coe (M. D. or other)
Address Adelle Coe, Mo Date signed 3/18/44

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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..... *Jamer D Gordon*

Licensed Embalmer No. *1870*

P. O. Address..... *Lehillicothe, 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.