

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34852

State File No.

FILED NOV 13 1944

Registration District No. 233

Primary Registration District No. 5817

Registrar's No.

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Fortuna Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MADINE MAY RUGEN

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

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive 4 years (Day) (Year)

7. Birth date of deceased Dec 4 - 1917
(Month) (Day) (Year)

8. AGE: Years 26 Months 10 Days 12 If less than one day hr. min.

9. Birthplace Pettis Co MO (City, town, or county) (State or foreign country)

10. Usual occupation At home with parents

11. Industry or business

12. Name HERMAN RUGEN

13. Birthplace MORGAN CO MO (City, town, or county) (State or foreign country)

14. Maiden name LILLIE ROSENKR

15. Birthplace MORGAN CO MO (City, town, or county) (State or foreign country)

16. (a) Informant Herman Rugen

(b) Address Fortuna MO

17. (a) Burial (b) Date thereof Oct 30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton MO

18. (a) Signature of funeral director A. F. Henningsen

(b) Address Smithton MO

19. (a) 10-29-44 (b) Opal Boulware
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Morgan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Fortuna
(If rural, give location)

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

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 20
year 1944 hour 4 minute 4 M.

21. I hereby certify that I attended the deceased from Oct 10
19 44 to Oct 20 19 44
that I last saw her alive on Oct 24 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death: Typhoid Fever 2 or 3 weeks

Due to

Due to

Other conditions:
(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 Robert L. Fogles (M.D. or other)

Address Weterville MO Date signed 10/27/44

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

DEC 28 1944
DEC 7 1944

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.....

A. F. Neumeyer

Licensed Embalmer No.....

3912

P. O. Address.....

Amritstater, 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.