

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41802**

FILED JAN 12 1945
Registration District No. **267**

Primary Registration District No. **3049**

Registrar's No. **867**

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

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Haystack
(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) 1

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

In this community 3 months
years, months or days

3. (a) PRINT FULL NAME James Taylor Burns Rufus

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 21 1944
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
	<u>3</u>	<u>2</u>	hr. min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER

12. Name Millie Rufus

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

14. Maiden name Bearns Burns

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

16. (a) Informant Millie Rufus

(b) Address 1318 1/2 W. Camthranville

17. (a) Burial (b) Date thereof 11-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Haystack

18. (a) Signature of funeral director Friends

(b) Address _____

19. (a) 12-15-1944 (b) JACOBSON D. J.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

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

(d) Street No. _____ (If rural, give location) 1

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1944 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death This Baby was found dead in Bed at 1:30 P.M. The Baby has been Ruptured since Birth

Due to Birth

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 3 Coroner

23. Signature Jack Kelly (M.D. or other) Coroner

Address Haystack Mo Date signed 12-19-44

1327

(Licensed Embalmer's Statement on Reverse Side)

12-44-296

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.

Not Embalmed

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.

12-44-296