S. No. 2
M—8-43
. 5-17-39
p I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25309

Registration District No. 362 Primary Registration District No. 6732 Registrar's No. 20

1. PLACE OF DEATH:
(a) County Warren
(b) City or town Rural- Bridgeport (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Her Residence (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Warren
(c) City or town ¾ Rural (If outside city or town limits, write "RURAL")
(d) Street No. 1/4 mile West of CaseMo (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELISE HAFNER
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) ~~Married~~ Married
6. (b) Name of husband or wife Louis
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased May (Month) 3 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
64	1	29	hr. min.

9. Birthplace Case (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business Housewife
FATHER 12. Name Robert Rueff
FATHER 13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Mary Schaeffer
MOTHER 15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mr. Louis Hafner
(b) Address Case, Mo. R.F.D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/ 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Loutre Island Cem
18. (a) Signature of funeral director Ernest Blumer
(b) Address Hermann, Mo
19. (a) July 4 1945 (Date received local registrar) (b) John A. Bebermeyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd year 1945 hour 8 minute 10 P.M.
21. I hereby certify that I attended the deceased from Aug. 9, 1943 to July 2, 1945; that I last saw h.. alive on July 2, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of humerus — Duration 9 mo.
Due to Secondary to carcinoma of breast — 3 yrs.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

50

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 Lil. A. Jeter, MD (M. D. or other)
Address Hermann, Mo Date signed 7/3/43

1264 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 8-6-45

FEB 25 1953

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 Chas. M. Pope

Licensed Embalmer No. 2552

P. O. Address Hermann, 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.