

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED DEC 17 1945 STANDARD CERTIFICATE OF DEATH

State File No. **38115**
Registrar's No. _____

Registration District No. 260 Primary Registration District No. 16292

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

1. PLACE OF DEATH:
 (a) County Ozark
 (b) City or town Paris, Randolph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
near Hammond mo
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Life time
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ozark
 (c) City or town Paris
(If outside city or town limits, write "RURAL")
 (d) Street No. near Hammond
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country none

3. (a) PRINT FULL NAME Jda Bruffett
 3. (b) If veteran, name war _____
 3. (c) Social Security No. ~

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 1st
 year 1945 hour 8 minute 50 M.
 21. I hereby certify that I attended the deceased from 4 P.M.
12/1/1945 19__ to __ 19__
 that I last saw her alive on 12/1/1945 19__
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Jernia 6. (c) Age of husband or wife if alive 39 years
 7. Birth date of deceased Feb 13 1909
(Month) (Day) (Year)

Immediate cause of death Coma from Uremic poisoning
 Duration 6 hr.

8. AGE: Years 36 Months 9 Days 17 If less than one day _____ hr. _____ min.

Due to Interstitial kidney disease
 Due to Arterial hypertension
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER { 12. Name Harriet Robbins
 13. Birthplace Missouri MO
(City, town, or county) (State or foreign country)
 14. Maiden name Ellis Melton
 15. Birthplace Missouri MO
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
132'

16. (a) Informant Jernia Bruffett
 (b) Address Hammond

17. (a) Burial (b) Date thereof Dec 3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

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)

(c) Place: burial or cremation Piland Cemetery

18. (a) Signature of funeral director Roller James
 (b) Address Sainsville mo

(e) Means of injury _____
 23. Signature M J Sherman (M. D. or other) D.O.
 Address Gainesville, Mo Date signed 12/2/

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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 Lorraine L Hall

Licensed Embalmer No. 2784

P. O. Address Salisbury, Md

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 265

Primary Registration District No. 6292

Registrar's No.

1. PLACE OF DEATH:

(a) County Ozark

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

(c) Name of hospital or institution: _____
(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 Mo (b) County Ozark

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

(d) Street No. Near Hammond
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida Bruffelt

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

6. (a) Single, married, divorced

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased: Feb 13 1906
(Month) (Day) (Year)

Duration _____

Due to _____

Due to _____

8. AGE: Years 36 Months _____ Days _____ If less than one day
hr. _____ min. _____

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

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

Major findings: _____

Of operations _____

Of autopsy _____

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

{ 14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Dec 19-1945 (b) W May Johnson
(Date received local registrar) (Registrar's signature)

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 _____ (M. D. or other)

Address _____ Date signed _____

SUPPLEMENTARY

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

38115