

1939 JAN 8 12 PM

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43612  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400  
(b) Township Pravie Primary Registration District No. 55539 Registered No. 216  
(c) City ..... (d) Street No. Jackson County Home for the aged & infirm.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louis Smith Rude

(a) Residence, No. 2c Home St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-20-1863  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
75 9 14  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. water  
9. Industry or business in which work was done, as saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
1

12. BIRTHPLACE (CITY OR TOWN) Del. (STATE OR COUNTRY) 1

FATHER 13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 9

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Ernest Jackson (ADDRESS) 2c Home

18. BURIAL, CREMATION, OR REMOVAL burial at 851/200 DATE Oct 10, 1939

19. FUNERAL DIRECTOR (NAME) Ketterlin (ADDRESS) K-6 Mo

20. FILED 11-5- 19. 39 Sara S. Baird Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1939, to 11/4, 39  
I last saw him Oct 4, 1939 alive on ..... death is said to have occurred on the date stated above, at H.P. m.  
The principal cause of death and related causes of importance were as follows:

chronic myocarditis  
Date of onset .....  
Other contributory causes of importance: 93C

Name of operation ..... Date of .....  
What test confirmed diagnosis? 93C Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....  
(Signed) J. W. Green M. D.  
(Address) Independence Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....

*Wm L Ward*

Licensed Embalmer No. *3991*

P. O. Address *5725 Virginia*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**