

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

Registration District No. 252 Primary Registration District No. 4166 Registrar's No. 17

1. PLACE OF DEATH:
 (a) County Dunklin
 (b) City or town Campbell Mo
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Thomas W Rudder
 3. (b) If veteran, name war 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mattie Rudder 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased Feb 22 1856
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>5</u>	<u>9</u>	hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business ✓

MOTHER FATHER
 12. Name Unknown 9
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name Unknown 9
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mattie Rudder
 (b) Address Campbell Mo

17. (a) Burial (b) Date thereof Aug 4 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director Lester Johnson
 (b) Address Campbell Mo

19. (a) Aug 3 1940 (b) E. W. Sanders
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Dunklin
 (c) City or town Campbell
 (If outside city or town limit, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 1
 year 1940 hour 9 P minute _____ P. M.
 21. I hereby certify that I attended the deceased from July 30, 1940 to August 1, 1940
 that I last saw her alive on Aug 30, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Stenocardial myocardial infarction
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
 Major findings: _____
 Of operations: _____
 Of autopsy: _____
 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? _____

23. Signature John L Brown (M. D. or other) _____
 Address Campbell Date signed Aug 15

122a

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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 *E. L. Randle*

Licensed Embalmer No. 2289

P. O. Address Campbell

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

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