

Registration District No. **595**

Primary Registration District No. **4350**

Registrar's No. **37**

1. PLACE OF DEATH:

(a) County **Montgomery**  
(b) City or town **Montgomery City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **County Infirmary**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 years**  
In this community **3 years**  
years, months or days

8. (a) PRINT FULL NAME **Rudolph Hagedorn**

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **July 16 th 1875**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **3** Days **19** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

12. Name **Henry Hagedorn**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Wendring**

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Ora Mc Carty**

(b) Address **Montgomery, City Mo**

17. (a) Burial (b) Date thereof **II/6/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Montgomery City Cem**

18. (a) Signature of funeral director **C. W. Hopkins**

(b) Address **Montgomery City Mo**

19. (a) **Nov. 6, 1940** (b) **Paul Memphis**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Montgomery**  
(c) City or town **Montgomery City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

1940 MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **5** th  
year **1940** hour **4:45** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from **Mar. 1 -**  
\_\_\_\_\_ 19 **40**, to **Nov 5**, 19 **40**.

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19 \_\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**  
**Sudden Death**

Due to **Myocarditis**

Due to **Chronic Intestinal Nephritis**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

**522** \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

(1) While at work? \_\_\_\_\_ (2) Means of injury \_\_\_\_\_

23. Signature **C. H. Van Arsdale** (or D. or other) \_\_\_\_\_

Address **Montgomery City, Mo** Date signed **11/6/40**

Duplicate **11/5/40**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 \_\_\_\_\_ on the  
\_\_\_\_\_ 5 th day of Nov 1940 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. I487

P. O. Address Montgomery City 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, above space should be left blank.**