

FILED MAY 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15965**

Registration District No. **799**

Primary Registration District No. **4479**

Registrar's No. **6**

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

1. PLACE OF DEATH:
 (a) County Saline
 (b) City or town Slater "Rural"
(If outside city or town limits, write "RURAL" and name of township)
 (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 Life
years, months or days

8. (a) PRINT FULL NAME JAMES LEWIS RUDD
8. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

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

6. (b) Name of husband or wife Annae Drinkard Rudd **6. (c) Age of husband or wife if alive** 63 years

7. Birth date of deceased July - 27 - 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER { **12. Name** Silar Harper Rudd
13. Birthplace Ky.
(City, town, or county) (State or foreign country)

{ **14. Maiden name** Elsie Haynie
15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant Annae Drinkard Rudd
(b) Address Slater MO R1

17. (a) Burial **(b) Date thereof** 3-11-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miami Cemetery

18. (a) Signature of funeral director Harry Hershberger

(b) Address Marshall MO

19. (a) 5-8-41 **(b)** Ella Alexander
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Saline
 (c) City or town Slater "Rural"
(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.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 9
 year 1941 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar. 6, 1941
 _____, 19____, to Mar. 9, 1941
 that I last saw him alive on Mar. 6
 and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Disease
Arteriosclerosis
 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?
NO

23. Signature C. H. McJurney (M. D. or other) _____
 Address Slater, Mo Date signed 3/11/41

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-13-41

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 Fred Wilkinson

Licensed Embalmer No.

P. O. Address #2478

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.

Victory Mo