

FILED OCT 27 1941

Registration District No. **26**

Primary Registration District No. **3002**

1. PLACE OF DEATH:

(a) County **Audrain**
(b) City or town **Mexico**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
425 N. Washington St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **2 weeks**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Audrain**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D. #3, Paris, Mo.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **23**
year **1941** hour **5** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Sept. 13**, 19**41**, to **Sept 22**, 19**41**;
that I last saw him alive on **Sept. 22**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to _____

Due to **age**

Other conditions **gza**
(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? _____

While at work _____ (Specify type of place)
(e) Means of injury **D**

23. Signature **Paul E. Coel** (M. D. or _____)
Address **Mexico Mo** Date signed **9-23-41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Ophelia Ann Rudasill**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **John P. Rudasill** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **August 20 1855**
(Month) (Day) (Year)

8. AGE: Years **86** Months **1** Days **3** If less than one day _____ hr. _____ min.

9. Birthplace **Culpepper County, Va.**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

12. Name **Isaac Baker**

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

14. Maiden name **Lucy Browning**

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

16. (a) Informant **Mrs. C.R. Massey**

(b) Address **Mexico, MO.**

17. (a) **Burial** (b) Date thereof **Sept. 25, 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Mexico, Mo.**

18. (a) Signature of funeral director **E. J. Jones**

(b) Address **Mexico, Mo.**

19. (a) **Sept 24 1941** (b) **B. Blanche Neely**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 10-41-1924

Date Filed OCT 24 1941

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.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

E. E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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, fact should be so stated above.