

FILED SEP 22 1944

Registration District No. _____

Primary Registration District No. 3008

14
1
2

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

1. PLACE OF DEATH:

(a) County Alloway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 yrs 8 mo 22 day
(Specify whether years, months or days)

In this community same

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

(c) City or town Canaan
(If outside city or town limits, write "RURAL") L

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME NORA RUDOLPH

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 27 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

44 6 22 hr. _____ min.

9. Birthplace Canaan Mo
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Rudolph

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

14. Maiden name Emily Rubin

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

16. (a) Informant Records State Hosp. No. 1

(b) Address _____

17. (a) Removal (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirkville, Mo

18. (a) Signature of funeral director Glen G. Mangin

(b) Address 912 Cent. of Fulton, Mo

19. (a) _____ (b) Jesse M. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19
year 1944 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 1
1944 to Aug 19 1944

that I last saw her alive on Aug 19
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo Carditis

Due to _____

Due to _____

Other conditions... (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature H. C. Skurill (M. D. or other) _____
Address Fulton Mo Date signed 8-19-44

1145

8-20-44

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RECEIVED
District Health Officer No. 9,

District File Number

Filed 9-9-44

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.....

Glen Y. Mauhin

Licensed Embalmer No.

2725

P. O. Address.....

Fulton, 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.