

FILED MAY 17 1945

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 330 Bolivar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 330 Bolivar
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY RODEMAN

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

7. Birth date of deceased 2 Unknown
(Month) (Day) (Year)

8. AGE: Years 76 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

MOTHER FATHER { 11. Industry or business _____

12. Name Henry Rodeman

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

14. Maiden name Theresa Rebus

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

16. (a) Informant John N. Rodeman

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 5/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Sylvester Dues

(b) Address Jefferson City, Mo.

19. (a) 5-12-45 (b) Margie Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1945 hour about minute 6 P.M.

21. I hereby certify that I attended the deceased from April
1 1945 to May 10 1945
that I last saw her alive on May 10 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration _____
Due to _____
Due to _____

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 940
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? _____

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

23. Signature J. G. Buel (M. D. or other) MD
Address Jefferson City, Mo. Date signed _____

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-16-45

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.....

Sylvester Dull

Licensed Embalmer No. 4321

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