S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31074

Registration District No. 245 Primary Registration District No. 5837 Registrar's No. 111

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Camp Crowder, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ASF Regional Station Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether

In this community 2 Months 23 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

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

(d) Street No. 4505 Keokuk, Ave. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Robert G. Rudolph

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Hilda Rudolph

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

7. Birth date of deceased April (Month) 9 (Day) 1915 (Year)

8. AGE: Years 30 Months 5 Days 8 If less than one day hr. min.

9. Birthplace Chicago, Ill. (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Soldier

11. Industry or business U S Army

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma L. Wilnau
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Soldier's Service Records

(b) Address Camp Crowder, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 17, '45 (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Illinois

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Sept. 18, 1945 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1945 hour 8 minute 25 A.M.

21. I hereby certify that I attended the deceased from 16 September 1945 to 17 September 1945; that I last saw him alive on 17 September 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis, Meningococcus

Due to Toxemia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy As Above

Duration

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 Donald W. Fughane Major (M. D. or other) MC

Address ASF Reg Sta Hosp, Cp Crowder, Mo. Date signed 9/17/45

1482

(Licensed Embalmer's Statement on Reverse Side)

OCT 22 1945

OCT 15 1945

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 Frank W. Kneeg, Registered Apprentice No. 379, working under my personal supervision.

RECEIVED OCT 5 1945

District Health Officer No.

District File Number 945-174

Date Filed OCT 5 1945

Signed Emma L. Kneeg

Licensed Embalmer No. 391

P. O. Address Cuyahoga

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.