

S. No. 2
4-8-43
5-17-39
1 X37823

4938

State File No. _____
Registrar's No. 15

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. _____ Primary Registration District No. 4125

1. PLACE OF DEATH
(a) County Clark
(b) City or town Revere - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clark
(c) City or town Revere
(If outside city or town limits, write "RURAL")
(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 Rosetta Belle Gudka
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 16th
1946 year 1 hour 15 minute P. M.

4. Sex female 5. Color of hair white 6. (g) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Henry R. Gudka 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 15 - 1865 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 19 45 to Jan 16th 19 46
that I last saw her alive on Jan 16th 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 10 Days 1 If less than one day hr. min.

Immediate cause of death Perforation of Bowel
Due to Bowel
Due to T.B. of Bowel
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy 15

9. Birthplace Revere Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeping
11. Industry or business _____
12. Name John S. Christy
13. Birthplace Ky (City, town, or county) (State or foreign country)
14. Maiden name Clara Brinkerhoff
15. Birthplace Ky (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Alta McKee
(b) Address Revere Mo
17. (a) Burial (b) Date thereof Jan. 18 - 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Revere Ky
18. (a) Signature of funeral director [Signature]
(b) Address 127 - 46 Kahoka, Mo.
19. (a) [Signature] (b) [Signature] (c) [Signature] (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury 2
23. Signature Grace L. Gray (M. D. or other) [Signature]
Address Kahoka, Mo. Date signed 1-18-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
3950

MAR 11 1955

2-46-232
FEB 25 1946

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 Oliver R. Letting

Licensed Embalmer No. 2965

P. O. Address Waukegan

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.