

FILED APR 13 1946

Registration District No. **2**

Primary Registration District No. **5781**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **Miller**
(b) City or town **Rural** **Blaze Township**
(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 **Missouri** (b) County **Miller Co**
(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. **Brumley, Mo. Rt 1**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Isaac Francis Rodden**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Jules Ann Robinson**
6. (c) Age of husband or wife if alive **87** years
7. Birth date of deceased **April 15 1854**
(Month) (Day) (Year)

8. AGE: Years **91** Months **10** Days **14** If less than one day hr. min.

9. Birthplace **Illinois** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **William Rodden**
13. Birthplace **Illinois** (City, town, or county) (State or foreign country)
14. Maiden name **Mary Ann Hanks**
15. Birthplace **Illinois** (City, town, or county) (State or foreign country)

16. (a) Informant **Nathaniel Rodden**
(b) Address **Brumley, Mo Rt 1**

17. (a) **Burial** (b) Date thereof **3 30 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Robnett Cemetery**

18. (a) Signature of funeral director **Joran & Adams**

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

19. (a) **Apr. 2, 1946** (b) **Mrs. C.R. Hawden**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **29**
year **1946** hour **5** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **March 25, 1946 to Mar 29, 1946**
that I last saw him alive on **March 29, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia** Duration **2 days**

Due to **acute influenza** **4 days**

Due to **11 11**

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

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) Means of injury **2**

23. Signature **Myron S. Jones** (M. D. or other) **20**
Address **Brumley, Mo** Date signed **3/30/46**

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

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9064

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 4-10-46

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 Geran L Adams
Licensed Embalmer No. 4207
P. O. Address Oberlin, 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.