

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23775

State File No. _____
Registrar's No. 21435

Registration District No. 84 Primary Registration District No. 4147

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Bunceton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community since 1894 (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper 27
(c) City or town Bunceton
(If outside city or town limits, write "RURAL")
(d) Street No. None (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RUDOLPH SALZMAN
3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased January, 22nd . 1862
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 12
year 1947 hour 7 minute 40 P M.
21. I hereby certify that I attended the deceased from June 12
1947 to July 12 1947
that I last saw him alive on 7 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
85 5 20 hr. _____ min.

Immediate cause of death Chronic nephritis
Duration ?
Due to _____
Due to _____

9. Birthplace Bern Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name John Salzman

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

14. Maiden name Elizabeth Mosler

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

16. (a) Informant Mrs. Fred Parkhurst (Daughter)

(b) Address Bunceton, Mo. 7714/47

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/47
(Month) (Day) (Year)

(c) Place: burial or cremation Home Elm Cemetery

18. (a) Signature of funeral director Jessie E. Richards

(b) Address Tipton, Mo.

19. (a) 7-14-47 (Date received local registrar) (b) Hellie Thullert (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? (1)

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

23. Signature A. K. Meredith (M. D. or other) MD

Address Princeton House Mo Date signed 7/17/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-13-47

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 Jewell E. Richards

Licensed Embalmer No. 2466

P. O. Address Lepton Md

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.