No. 2
-2-43
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X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 25 1947

Registration District No. 283

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24709

State File No.

Primary Registration District No. 56-4-4277

Registrar's No. 112

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Verona
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days): In this community: Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Lawrence
(c) City or town: Verona
(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: Robert Louis Rudie
3. (b) If veteran, name war: World War II
3. (c) Social Security No. 4[illegible]-24-0665

4. Sex: M
5. Color or race: W
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: July (Month) 24 (Day) 1922 (Year)

8. AGE: Years 24 Months 10 Days 30 If less than one day hr. min.

9. Birthplace: Verona (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business:
FATHER
12. Name: A. J. Rudy
13. Birthplace: Ill. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Blanche Ham
15. Birthplace: Verona (City, town, or county) Mo (State or foreign country)
16. (a) Informant: A. J. Rudy
(b) Address: Verona Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Spring River Cem.
18. (a) Signature of funeral director: H. A. Fossett
(b) Address: Mt. Vernon Mo
19. (a) 7-12-47 (Date received local registrar) (b) D. R. Philbrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1947 hour 4 minute 15 p. M.
21. I hereby certify that I attended the deceased from after death 19__ to 19__; that I last saw h alive on 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Drowned	
Due to: Diving for Minnows	
Due to:	
Other conditions (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): accident
(b) Date of occurrence: June 9-1947
(c) Where did injury occur? Near Verona Lawrence Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Farm
While at work? no (Specify type of place) (e) Means of injury:
23. Signature: Herman Durridge Coroner 3 (M.D. or other)
Address: Marionville Mo Date signed 6/10/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 747-765
Date Filed JUN 21 1947

SEP 10 1947

SEP 22 1947

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 H. D. Fossett

Licensed Embalmer No. 2201

P. O. Address Mt. Vernon

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.