S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5659

Registration District No. 260 Primary Registration District No. 5884 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Os age

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Linn, Mo. RFD
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Osage 76

(c) City or town Linn, Mo. Rfd 0
(If outside city or town limits, write "RURAL")

(d) Street No. Washington Twp. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Frank Rudroff

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Mary Richter

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Nov. 30, 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	2	27	hr. min.

9. Birthplace Rich Fountain, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name George Rudroff
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Koch
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Rudroff
(b) Address Richfountain, Mo.

17. (a) Burial (b) Date thereof 1/31/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Richfountain, Mo.

18. (a) Signature of funeral director Clyde Morton
(b) Address Linn, Mo.

19. (a) 1-30/47 (b) Mrs. H. H. Moore
(Date received local registrar) (Registrar's signature) 7 A

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27th.
year 1948 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 1947, to Jan 27, 1948; that I last saw him alive on Jan 27, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Haemorrhage	12 hr.
Due to Arteriosclerosis	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83A

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 0

23. Signature L. B. Clebla M.D. (M.D. or other)

Address Jefferson City Mo. Date signed 1-30-48.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 9
District File Number
Date Filed 2/11/28

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 Vernon M. Moslor

Licensed Embalmer No. 4125

P. O. Address Linn 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.