DEC'D MAR 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 7448

1. PLACE OF DEATH
(a) County Miller — Registration District No. 561
(b) Township Saline — Primary Registration District No. 4330 — Registered No. 16
(c) City Eldon, Mo. (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Unnamed fetus 352
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (Feb 8-1938)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) never breathed.

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. X
9. Industry or business in which work was done, as saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eldon Miller Co., Mo.

FATHER
13. NAME Not known.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

MOTHER
15. MAIDEN NAME Thelma Lucille Rudinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russellville, Mo.

17. INFORMANT (ADDRESS) Mrs. Frances Rudinger Eldon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE disposed of by relatives DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 2-9 1938 Belle Haynes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1938, to Feb. 8, 1938
I last saw him alive on Feb 8, 1938. Death is said to have occurred on the date stated above, at 12 20 p.m.
The principal cause of death and related causes of importance were as follows:

Self-induced abortion — Date of onset 2-6-38
This was a 4 months fetus which never breathed.

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Foreign body thrust in uterus.
Nature of injury

24. Was disease of injury in any way related to occupation of deceased? No
If so, specify
(Signed) Bennette E. Pletcher, M. D.
(Address) Eldon Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)