

REC'D APR 1 9 1938

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

10425
Do not use this space.

1. PLACE OF DEATH
(a) County Chariton Registration District No. 175
(b) Township Salisbury Primary Registration District No. 4104 Registered No. 11
(c) City Salisbury (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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 Charles Luther Rudder 360
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Sept. 20 - 1879
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9 - 20 1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 5 29
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
13. NAME Wm H Rudder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
15. MAIDEN NAME Elizabeth Like
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
17. INFORMANT (ADDRESS) John Rudder
Salisbury mo
18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope Cemetery DATE 3/20 1938
19. FUNERAL DIRECTOR (ADDRESS) Geo B Kuntzmaier
Salisbury mo
20. FILED 3/19 1938 Local Registrar. 1162 (Address) Salisbury mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 19 1938
22. I HEREBY CERTIFY, That I attended deceased from 3-14 1938, to 3-19 1938
I last saw him alive on 3-19 1938. Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy

Date of onset

Other contributory causes of importance: 8241

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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) J. W. Galt, M. D.
(Address) Salisbury mo

STATEMENT BY LICENSED EMBALMER

I Geo Blunketmey Licensed Embalmer No. 2125

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

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed Geo Blunketmey
Licensed Embalmer No. 2125

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.)