

REC'D JAN 14 1938

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42373
Do not use this space.

Name of Operation---

Nephrectomy

Registration District No. 35
City Registration District No. 101
Registered No. 1253
No. MISSOURI METHODIST HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Atchison, Kansas
(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) MARRIED,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MATTIE RUDOLPH		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY 20, 1892		
7. AGE YEARS 46	MONTHS 10	DAYS 23
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MANAGER		
9. Industry or business in which work was done, as saw mill, bank, etc. STANDARD OIL CO.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) ATCHISON, KANSAS

13. NAME HARRY W. RUDOLPH, ALLENTOWN, PENNSYLVANIA

15. MAIDEN NAME MARTHA HOÜSSER, UNKNOWN

17. INFORMANT MRS. MATTIE RUDOLPH, ATCHISON, KANSAS.

18. BURIAL, CREMATION, OR REMOVAL PLACE ATCHISON, KANS., DATE DEC. 15, 1938.

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON INC. (ADDRESS) 1946 COLHOUN ST. JOSEPH, MO.

20. FILED 12/15/38 J. H. Wetzel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 13, 1938.

22. I HEREBY CERTIFY, That I attended deceased from 12/12/38, 1938, to 12/13/38, 1938. I last saw him alive on 12/13/38, 1938. Death is said to have occurred on the date stated above, at 9:20 A.M. The principal cause of death and related causes of importance were as follows:

*Nephrectomy left
Chronic pyelonephritis
leukemia*
Date of onset 12/13/38
Other contributory causes of importance: *as above*

Name of operation *Nephrectomy* Date of 12/13/38
What test confirmed diagnosis? Was there an autopsy? *no*

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? *no*
If so, specify *Chronic pyelonephritis*, M. D.
(Signed) *Dr. H. G. St. Joseph*
(Address) *St. Joseph, Mo.*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

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,

John E. Ruff

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

John E. Ruff

Licensed Embalmer No. *3986*

P. O. Address. *Group 1710*

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, above space should be left blank.