

REC'D SEP 19 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

29926

Do not use this space.

1. PLACE OF DEATH

(a) County phelps Registration District No. 677
 (b) Township _____ Primary Registration District No. 4403
 (c) City Rolla (d) Street No. Rolla Hospital Registered No. 83
 (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

345 Marguerite Ruedinger
 (a) Residence, No. Salem, Mo. Route # 5 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 Female 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 Charney Ruedinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR 21, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 ✓ 4 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Mo.

FATHER 13. NAME ELIJA MILLERMAN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin, Co. Mo.

MOTHER 15. MAIDEN NAME SUSAN MURPHY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin, Co. Mo.

17. INFORMANT (ADDRESS) Chas. Ruedinger
Pen T. Co. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Bluff Cem. DATE Aug 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Carl K. Spencer
Salem, Mo.

20. FILED Aug 10, 1939 Joe F. Ayers Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1939 to Aug 7, 1939
 I last saw h. e. alive on Aug 7, 1939. Death is said to have occurred on the date stated above, at 9:30 p. m.
 The principal cause of death and related causes of importance were as follows:

Crushed pelvis, ruptured urinary bladder, intestinal crush.
 Date of onset 8/10/39
 Other contributory causes of importance: Bruises about torso and lower limbs.

Name of operation None 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? Accident Date of injury 8, 7, 1939
 Where did injury occur? Near Salem, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public Road
 Manner of injury Run over by automobile
 Nature of injury Crushed

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Delaney McFarland, D.
 (Address) Rolla, Mo.

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.

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, _____

William W. McDonald, or by _____

Registered Embalmer No. _____, working under my personal supervision.

District Health Officer No. 5,

District File Number 939-233

Date Filed 9/13/39

Signed _____

Licensed Embalmer No. 3806

P. O. Address Jalem, 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Phelps Registration District No. 677
(b) Township _____ Primary Registration District No. 4403 Registered No. 83
(c) City Rolla (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

Marquette Ruedlinger
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 21-1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 4 17

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Oct 19 1929 Jos. F. Ryan Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-7, 1929

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__ to _____, 19__

I last saw h. _____ alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) A. Sydney McFarland M. D.

(Address) Rolla

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified.

