

JAN 11 1939 991
Registration District No. 991

Primary Registration District No. 5419

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH: Gasconade 2111
(a) County Gasconade
(b) City or town RURAL THIRD CREEK
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 21
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days 2 111

3. (a) PRINT FULL NAME HERMANN CARL RUDOLPH
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 7 1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Woolham Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name William Rudolph
18. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina Paasche
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Laura Rudolph
(b) Address Owensville Mo

17. (a) _____ (b) Date thereof 12-27-1937
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Johns Ev. Cemetery Owensville Mo R 2

18. (a) Signature of funeral director W.F. Stettin
(b) Address Owensville Mo

19. (a) 12/26/39 (b) H. Price
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gasconade
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Owensville R # 2
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28
year 1937 hour 8 minute 30 M.
21. I hereby certify that I attended the deceased from March 11, 1937, to 12-28-37, 1937;
that I last saw him alive on 12-28-, 1937;
and that death occurred on the date and hour stated above.
Immediate cause of death Tabesular Head bon Duration _____

Due to _____
Due to of 2 R
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____

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 _____
23. Signature Edna Mellie (M. D. or other) _____
Address Owensville Mo Date signed 12-26-39

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, or by *me*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *W.F. Gattunastro*

Licensed Embalmer No. *1444*

P. O. Address *Owensville 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.