

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44413
Registrar's No. 238

Registration District No. 735

Primary Registration District No. 3034

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
513 1/2 W. Road St Moberly Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 16 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 513 1/2 W. Road St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME CLARA JOSEPHINE RUEDIGER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward Ruediger 6. (c) Age of husband 54 years
7. Birth date of deceased June 24 1897
(Month) (Day) (Year)

8. AGE: Years 52 Months 5 Days 25 If less than one day hr. _____ min. _____

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

10. Usual occupation Herrmann Mo

11. Industry or business Housewife

12. Name William Streckor

13. Birthplace Herrmann Mo
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Hagen

15. Birthplace Herrmann Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edward Ruediger

(b) Address 513 1/2 W. Road Moberly Mo

17. (a) Burial (b) Date thereof Dec 22-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Washington Mo

18. (a) Signature of funeral director Wm. H. ...

(b) Address Moberly Mo

19. (a) Dec 20-39 (b) Dea. Williams
(Date received local registrar) (Registrar's signature)

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19
year 1939 hour 4 minute 00 P.M.
21. I hereby certify that I attended the deceased from Dec. 6, 1939
Dec. 17, 1939, to Dec. 18, 1939
that I last saw her alive on Dec. 18, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of uterus
uterus

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

Major findings: NO.
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? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____
Signature Wm. H. ... (M. D. or other) _____
Address Moberly Mo Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.

RECEIVED

District Health Officer No. 10

District File Number 1-40-161

Date Filed JAN-11-1940

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 Myself

....., Registered Apprentice No.

working under my personal supervision.

Signed

Chas. G. Barnes

Licensed Embalmer No. 2414

P. O. Address Waverly Ins

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.