DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44775

JAN 12 1940

Registration District No. 764 Primary Registration District No. 4414 Registrar's No. 61

1. PLACE OF DEATH: (a) County Saline 2
(b) City or town Slater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)
In this community

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Mo. (b) County Saline
(c) City or town Slater
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Eva Pearl Rude 3471
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 baby
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 7th (Day) 1939 (Year)

8. AGE: Years | Months 3 | Days 7 | If less than one day hr. min.

9. Birthplace Slater, Mo. (City, town or county) (State or foreign country)
10. Usual occupation baby
11. Industry or business
FATHER 12. Name Porter L. Rude
13. Birthplace St. Joe, Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Dorothy Tennill
15. Birthplace Slater, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Dorothy Rude
(b) Address Slater, Mo.
17. (a) burial (Burial, cremation or removal) (b) Date thereof 12 (Month) (Day) '39 (Year)
(c) Place: burial or cremation Slater, Mo.
18. (a) Signature of funeral director Hill Brothers
(b) Address Slater, Mo.
19. (a) 12 14 (Date received local registrar) (b) W. M. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13th year 1939 hour 11 a m minute ✓ M.
21. I hereby certify that I attended the deceased from Dec. 1st, 1939, to Dec. 13th, 1939, that I last saw him alive on Dec. 13-39, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis (Strep Pneum) 5 h.
Due to Strep Pneum Otitis-Mastoid
Due to Strep Pneum Septicemia Frostbite
Other conditions (Include pregnancy within 3 months of death) 74 h
Major findings:
Of operations
Of autopsy

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

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 [illegible] (M. D. or other) 12/14/39
Address Slater, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

50M-5-17-39
Rev. 5-17-39
1 X19511

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 8,
District File Number 1/11/40
Date Filed

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~~ Edgar Moore, Registered Apprentice No. 230, working under my personal supervision.

Signed A. C. Hill

Licensed Embalmer No. 3090

P.O. Address Slater, 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.