

WHILE FLAUNTY—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.

Registration District No. 42 Primary Registration District No. 5578 Registrar's No. 29

1. PLACE OF DEATH:  
(a) County JEFFERSON  
(b) City or town MURPHY, Mo. Rock  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 76 years, months, and days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County JEFFERSON  
(c) City or town MURPHY Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) Rural  
(e) If foreign born, how long in U. S. A.? 76 years.

3. (a) PRINT FULL NAME LUDMILA RADLES  
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 W. Dow  
6. (b) Name of husband or wife JOHN RADLES 6. (c) Age of husband or wife if alive DEAD years \_\_\_\_\_  
7. Birth date of deceased Sept 16 1848  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 24  
year 1940 hour 9 minute 30 A.M.  
21. I hereby certify that I attended the deceased from year 3, 1935, to Nov. 24, 1940  
that I last saw her alive on 24 Nov., 1940,  
and that death occurred on the date and hour stated above.

8. AGE: Years 92 Months 3 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Arterio-sclerosis Duration 5 yr.

9. Birthplace UNKNOWN GERMANY  
(City, town, or county) (State or foreign country)  
10. Usual occupation HOUSE WIFE

Due to \_\_\_\_\_  
Due to age  
Other conditions (Include pregnancy within 3 months of death) 97

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name JOSEPH KOVRIK  
13. Birthplace UNKNOWN GERMANY  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN GERMANY  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature L. H. Radles  
(b) Address House Spring, MURPHY  
17. (a) BURIAL (b) Date thereof 11/26/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St Johns Cem.  
18. (a) Signature of funeral director Thomas H. Block  
(b) Address FELTON, MO  
19. (a) 11-28-1940 (b) Phil S. Frick  
(Date received local registrar) (Registrar's signature)

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? 3011  
\_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature W. W. Fenton (M. D. or other) \_\_\_\_\_  
Address Fenton, MO Date signed 11/26/40

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**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.....

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

Signed.....

*Kenneth W. Koch*  
.....

Licensed Embalmer No. *3047*  
.....

P. O. Address *Fenton*  
.....

**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.**