S. No. 2
4-13-40
5-17-39
I X 23139

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 6939

MAR 19 1941

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 125-A

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

**1. PLACE OF DEATH:**

(a) County Greene

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether

In this community 46 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Lawrence 55

(c) City or town Aurora, ~~Missouri~~ 1 (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? / years.

3. (a) PRINT FULL NAME ~~Hubert~~ HERBERT SAMUEL Rudig

3. (b) If veteran, name war World War

3. (c) Social Security No. ~~[illegible]~~ 702-03-9506

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annabel Rudig

6. (c) Age of husband or wife if alive ~~Unknown~~ 35 years

7. Birth date of deceased Nov. (Month) 14, (Day) ~~1895~~ 1894 (Year)

8. AGE: Years 46, ~~45~~ Months 2 Days 27 If less than one day hr. min.

9. Birthplace ~~Sedalia~~ Lebanon (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation Rail Roader (foreman)

11. Industry or business Railroad

FATHER
12. Name Louis E. Rudig
13. Birthplace Unknown (City, town, or county) 9 Unknown (State or foreign country)

MOTHER
14. Maiden name Cathryn ~~Hener~~ Agner
15. Birthplace Unknown (City, town, or county) 9 Unknown (State or foreign country)

16. (a) Informant Annabel Rudig

(b) Address Aurora, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13-41 (Month) (Day) (Year)

(c) Place: burial or cremation Spring River Cem.

18. (a) Signature of funeral director Oscar L. Marsh

(b) Address 229 W Church St Aurora Mo

19. (a) 3-17-41 (Date received local registrar) (b) Dr W. Hardy (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 11th year 1941 hour 4:20 minute P.M.

21. I hereby certify that I attended the deceased from February 6, 1941, to February 11, 1941; that I last saw him alive on February 11, 1941; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Exophthalmic Goiter | 2 months |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| 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 Kenneth Coffelt (M. D. ~~or other~~) O

Address 518 Holland Bldg. Springfield Mo Date signed 3-15-41

(Licensed Embalmer's Statement on Reverse Side)

DEC 27 1944

## 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. None

working under my personal supervision.

Signed Oscar L Marsh

Licensed Embalmer No. 3812

P. O. Address Aurora 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, fact should be so stated above.**

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No.

State of MISSOURI
County of LAWRENCE } ss.

**AFFIDAVIT FOR CORRECTION OF A RECORD**

Local Registrar's No.

On this 22nd day of APRIL, 1941, before me appears ANNABEL Rudig, who, upon Sworn oath, states that the original record of ~~birth~~ death for HERBERT SAMUEL Rudig ~~born~~ died FEBRUARY - 11th, 1941, in the State of Missouri, and which was filed at SPRINGFIELD on MAR. 17, 1941, should be corrected as follows:

Item No. 3 (a) should read HERBERT SAMUEL Rudig
Instead of HUBERT S. Rudig

Item No. 3 (c) should read 702 - 03 - 9506
Instead of No

Item No. 6 (B) should read ANNABEL Rudig
Instead of ANNABELL Rudig

Item No. 6 (C) should read 35
Instead of No

Item No. 7 should read NOVEMBER 14th 1894
Instead of NOVEMBER 14th 1895

Item No. 8 should read 46 YEARS - 2 MONTHS - 27 DAYS
Instead of 45 YEARS - 2 MONTHS - 27 DAYS

Item No. 9 should read LEBANON, MISSOURI
Instead of SEDALIA MISSOURI

Item No. 14 should read CATHRYN AGNER
Instead of CATHRYN HENER

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Annabel Rudig Wife
Relationship.

Aurora, Mo.
Present Address.

My Commission Expires November 23, 1944

Subscribed and sworn to before me this 22nd day of April, 1941

My Commission Expires November 23, 1944

My Commission expires Kathlynn Bivins Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
OM 1-19-40
I X22256

S-6939