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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 7 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 12

Registration District No. 139

Primary Registration District No. 5195

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

17
6
0

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Rural Humeon Twp
(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)
In this community most of life years, months or days

3. (a) PRINT FULL NAME Rudig Eleanor Foltz
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 10 1868 (Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name John Howard

13. Birthplace England

14. Maiden name Eleanor Gray

15. Birthplace Spain Co Mo.

16. (a) Informant Mrs. Ella Roekers (b) Address Hale Mo.

17. (a) Burial (b) Date thereof 4-26-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Humeon Cemetery
18. (a) Signature of funeral director Frank E. Slater (b) Address Hale Mo.

19. (a) 4-26-42 (b) Mrs. Edgewood Smith (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll
(c) City or town Hale (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.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 22 year 1942 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from Apr 21 to April 22, 1942

that I last saw her alive on April 12, 1942 and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis

Due to Endocarditis
Due to _____
Other conditions (Include pregnancy within 3 months of death) 940

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. S. Brown (M. D. or other) MD
Address 7505 North 7th St Date signed Apr 24

1942

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 5-6-42

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 Frank E. Slater

Licensed Embalmer No. 937

P. O. Address Hale 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.