

No. 2
-1-4-41
5-1-1941
22535

State File No.

FILED FEB 9 1943

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 411

1. PLACE OF DEATH:

(c) County: Cape County
 (b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: South East Missouri Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 weeks
(Specify whether)
 In this community Several days
years, months or days 4 weeks
(Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Scott
 (c) City or town: Sibleston
(If outside city or town limits, write "RURAL")
 (d) Street No.: Green Street
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME Dora Rudy
 3. (b) If veteran, name war: _____
 3. (c) Social Security No.: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
 year 1943 hour 5 minute 35

4. Sex Female 5. Color or race White 5. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: July - 16 - 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 12 1942 to Jan 10 1943
 that I last saw her alive on Jan 10 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 5 Days 25 If less than one day _____ hr. _____ min.

Immediate cause of death: Coronary Thrombosis
 Due to: Hypertension
 Due to: _____

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

Other conditions: _____
(include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Columbus Reynolds
 13. Birthplace unknown
(City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown
(City, town, or county) (State or foreign country)

Major findings: 940
 Of operations: _____
 Of autopsy: _____

16. (a) Informant Mrs. R. D. Clayton
 (b) Address Sibleston Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof 1-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Brithersville Mo.

(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)

18. (a) Signature of funeral director Orville Taylor
 (b) Address Sibleston Mo.

While at work? _____ (z) Means of injury _____

19. (a) 2-5-43 (b) H. W. Phelps
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
 Address Cape Girardeau Mo. Date signed 1/16/43

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

RECEIVED

District Health Officer No. 4

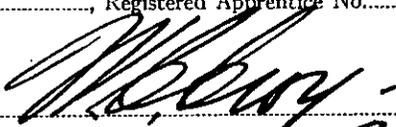
District File Number 243-1782

Date Filed 2-8-43

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.....



Licensed Embalmer No. 3474

P. O. Address Poplar Bluff

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.