

S. No. 2
M-5-42
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 19 1943
Registration District No. 189

Primary Registration District No. 5424

Registrar's No. 11

35
00

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

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution:
Home 1 Mania Hosp
(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 most of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mo. 35

(c) City or town Campbell Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mattie Rudder

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb-22-1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	1	0	hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name Reimer

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mo.

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Jim Pyles

(b) Address Campbell Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Mar 23-43
(Month) (Day) (Year)

(c) Place: burial or cremation Campbell Woodland

18. (a) Signature of funeral director Louise Fourn Home

(b) Address Campbell Mo.

19. (a) 3-25-43
(Date received local registrar)

(b) Mrs. L. O. Oliver
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 23
year 1943 hour 7 minute 6 A.M.

21. I hereby certify that I attended the deceased from March 13th, 1943, to _____, 19____;
that I last saw her alive on March 13th, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Broncho-Pneumonia

Due to Senility

Due to _____

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration
9 days

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 Wallace Selsby (M. D. or other) MD

Address Campbell Mo. Date signed 3/27/43

1150

MAV 8 1943

RECEIVED

District Health Office No. 2

District File Number 443-511

Date Filed 4-12-43

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.

Moh Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.