

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 13 1945
33

Registration District No.

Primary Registration District No. 5116

Registrar's No. 4

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Sturgeon RURAL BOURBON
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Star Route 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
(Specify whether
 In this community 15 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone
 (c) City or town Sturgeon RURAL
(If outside city or town limits, write "RURAL")
 (d) Street No. Star Route
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME JEROME PERCELL RUDD

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male Color or race White 5. Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Edith Rudd 6. (c) Age of husband or wife if alive 8 - 12 - 1873 years
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	5	22 hr. min.

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

10. Usual occupation Retired

11. Industry or business.....

MOTHER FATHER {
 12. Name Unknown
 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)

16. (a) Informant Mrs. Elizabeth Walker
 (b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof 2-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Parson Funeral Service
 (b) address Columbia, Mo.

19. (a) Feb. 8, 1945 (b) Mary Montgomery
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
 year 1945 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from Feb. 1
1945 to Feb. 4 1945
 that I last saw h. im alive on Feb. 4 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Hypertensive Heart Disease
 Due to.....
 Due to.....

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

Major findings:
 Of operations.....
 Of autopsy.....
 Duration.....

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 Dr. J. H. Tomes (M. D. or other) D.O.
 Address Sturgeon, Mo. Date signed 2/8/45

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

1251

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 3-12-45

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 M. D. Whitaker

Licensed Embalmer No. 3893

P. O. Address Columbia 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.