

S. No. 2
OM-5-43
v. 5-17-39
1 X36671

FILED MAR 9 1946
Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 32

81
2
2

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

5657

1. PLACE OF DEATH:

(a) County Phelps

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

(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 years, months or days) 22 years

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Phelps

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

(d) Street No. 309 CEDAR ST
(If rural, give location)

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

3. (a) PRINT FULL NAME Rudolph Scott Null

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 28
year 1946 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____
_____ 1946 to _____ 1946;
that I last saw him alive on _____ 1-28, 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh

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

(b) Name of husband or wife CORA B. NULL

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased NOV 11 1873
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Duration 4 days

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

72 2 17 hr. min.

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically:

9. Birthplace Jefferson Co., MO
(City, town, or county) (State or foreign country)

10. Usual occupation FUNERAL DIRECTOR

11. Industry or business NULL & SON FUNERAL HOME

12. Name SAMUEL A. NULL

13. Birthplace Jefferson Co. MO
(City, town, or county) (State or foreign country)

14. Maiden name ELIZA GREEN

15. Birthplace DENT Co. MO
(City, town, or county) (State or foreign country)

16. (a) Informant S. C. NULL

(b) Address Rolla Mo

17. (a) BURIAL (b) Date thereof 1-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ANUTT Cem

18. (a) Signature of funeral director NULL & SON F. H.

(b) Address Rolla, MO

19. (a) Feb. 5, 1946 (b) Mr. Juanita Harvey
(Date received local registrar) (Registrar's signature)

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? _____

23. While at work? _____ (Specify type of place) (e) Means of injury _____

Signature E. E. Feind md (M. D. or other)

Address Rolla mo. Date signed 2-1-46

252

JAN 24 1958

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.....

John F. S. - 46..... Registered Apprentice No.....
working under my personal supervision.

Signed *Fred W. Gilbert*.....

Licensed Embalmer No. *2341*.....

P. O. Address *Dixon 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.