

FILED APR 15 1946

Registration District No. 734

Primary Registration District No. 5586

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Oregon-Rural Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town Oregon-Rural Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Switzerland

3. (a) PRINT FULL NAME Elise ~~Dudeck~~ Dudeck

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 Widowed
6. (b) Name of husband or wife Franz Dudeck
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 30 1852
(Month) (Day) (Year)

8. AGE: Years 93 Months 3 Days 5
If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business Wyssmann

MOTHER FATHER { 12. Name _____
13. Birthplace Switzerland
(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 John Dudeck
(b) Address Oregon, Missouri

17. (a) Burial (b) Date thereof Mar. 7 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director James H. Pettigrew
(b) Address Oregon Mo

19. (a) 3-7-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1946 hour _____ minute A. M.

21. I hereby certify that I attended the deceased from July 10 1945 to March 5 1946
that I last saw her alive on March 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 month

Due to _____

Due to _____

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

Major findings: Of operations none
Of autopsy none

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? none
(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 [Signature] (M. D. or other) _____
Address 202 E. Main St. Oregon, Mo. Date signed 3-6-46

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....
James H. Pettijohn
Licensed Embalmer No..... *3192*
P. O. Address..... *Oregon, 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.