

No. 2
5-17-39
X36571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 10 1946
371
Registration District No. 371

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 6260

State File No. 29411
Registrar's No. 14

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

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Diggins
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

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

3. (a) PRINT FULL NAME Glen Henry Rudolph
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ruth Rudolph
6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased April 26 1921
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
25 3 23 hr. min.

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

10. Usual occupation Laborer

MOTHER FATHER { 11. Industry or business _____
12. Name John Rudolph
13. Birthplace Warden Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Bertha May Barnett
15. Birthplace Diggins Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Rudolph
(b) Address Stockton Calif.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 21 46
(Month) (Day) (Year)
(c) Place: burial or cremation Seymour Cemetery

18. (a) Signature of funeral director Kelly, Ferrell, Bergman
(b) Address Seymour Missouri
19. (a) 9-5-46 (b) Lester W. Good
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 19
year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture Duration _____
Due to falling asleep on railroad right of way
Due to too close to the tracks
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____
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) Accident by train
(b) Date of occurrence Aug. 19, 1946
(c) Where did injury occur? Diggins Webster Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? RAIL Road
While at work? No (Specify type of place) (e) Means of injury Fredrick
23. Signature L. K. Kelley Coroner Skull 3
(M.D. or other) Address Hardland Mo. Date signed 8-20-46

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RECEIVED

District No. Officer No. 6,
946-890

District File Number
Date Filed SEP 9 - 1946

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 *H. H. Kelley*

Licensed Embalmer No. *3334*

P. O. Address *roadland 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.

Registration District No. 371 Primary Registration District No. 6260

1. PLACE OF DEATH:
(a) County Wilkester
(b) City or town Diggins
(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 _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Glen H Rudolph
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased April 26 1923
(Month) (Day) (Year)

8. AGE: Years 25 Months _____ Days _____ (less than one day) _____ hr. _____ min.

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

10. Usual occupation Shoemaker
11. Industry or business none

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) Stuart M. Cook
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ Day _____
year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____
that I last saw him _____ and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

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) (c) Means of injury _____
23. Signature _____ (M. D. or other) _____
Date signed _____

SUPPLEMENTARY

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

29411