

S. No. 2  
M-8-43  
7-5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1709**

**FILED FEB 11 1947**

Registration District No. **183**

Primary Registration District No. **4396**

Registrar's No. ....

1. PLACE OF DEATH:  
**Linn**  
(a) County **Browning**  
(b) City or town **Browning**  
(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 **2 years** (Specify whether years, months or days)  
In this community **2 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **John E. Rudloff**  
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 **Mary Rudloff** 6. (c) Age of husband or wife if alive **70** years **1872**  
7. Birth date of deceased **Dec.** (Month) **8v** (Day) **1872** (Year)

8. AGE: Years **74** Months **1** Days **14** If less than one day hr. min.

9. Birthplace **St. Genevieve Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Minister**

11. Industry or business

MOTHER FATHER  
12. Name **Leon Rudloff**  
13. Birthplace **Mo.** (State or foreign country)  
14. Maiden name **Eliet Brown**  
15. Birthplace **Mo.** (State or foreign country)

16. (a) Informant **Mary Rudloff**  
(b) Address **Browning, Mo.**

17. (a) **Burial** (b) Date thereof **1924-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Purdin Wade Funeral Home**

18. (a) Signature of funeral director **Browning, Mo.**  
(b) Address

19. (a) **Jan. 27, 1947** (b) **Elna Cookbanks**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Linn**  
(c) City or town **Browning**  
(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 **1** day **22**  
year **1947** hour **10** minute **00** A.M.

21. I hereby certify that I attended the deceased from **Dec 10** 19**46** to **Jan 22** 19**47**  
that I last saw him alive on **Jan 15** 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations **94A**  
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) (e) Means of injury

23. Signature **J.R. Martin** (M. D. or other)  
Address **Browning, Mo.** Date signed **1/24/47**

(Licensed Embalmer's Statement on Reverse Side)

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

8  
0  
0

58  
0  
0  
0

166

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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 Herald I. Wade

Licensed Embalmer No. 4172

P. O. Address Browning

**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.**