. S. No. 2
DM—8-43
v. 5-17-39
I X37623

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1970

Registration District No. 260 Primary Registration District No. 5884 Registrar's No. 1

1. PLACE OF DEATH:
(a) County Osage
(b) City or town RichFountain, Mo. R.F.D.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home
(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) In this community 83 years

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

3. (a) PRINT FULL NAME Margitha Rudroff
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 20th, 1864 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
83	2	20	hr. min.

9. Birthplace RichFountain, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Keeper.
11. Industry or business
12. FATHER Name George Rudroff
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. MOTHER Maiden name Mary Koch
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Baptisimal Record
(b) Address RichFountain Catholic Church
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/47 (Month) (Day) (Year)
(c) Place: burial or cremation RichFountain, Mo.
18. (a) Signature of funeral director Clyde Morton
(b) Address Linn, Mo.
19. (a) 1-12-47 (Date received local registrar) (b) Mrs. H. N. Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10th, year 1947 hour 3 minute 30 p M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw her alive on Dead January 10th 1947; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Mitral Insufficiency
Due to Chronic Valvular heart Disease
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Clyde Morton (M.D. or other) Coroner
Address Linn, Mo. Date signed 1/11/47

238 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 1-20-42

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn

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.