

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Wooda rural Wash.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital no. 3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days) 1 year no more - 10 days

8. (a) PRINT FULL NAME George W Rudisill

3. (b) If veteran, name war ? 8. (c) Social Security No. ?

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced, unmarried

6. (b) Name of husband or wife ? 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 11 15 1892
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 5 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name George W Rudisill

13. Birthplace Ohio (City, town, or county) (State or foreign country)

14. Maiden name Margaret Beck

15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Antoine Fretz

(b) Address Balivon Mo.

17. (a) Personal (Burial, cremation, or removal) (b) Date thereof 1-21-47 (Month) (Day) (Year)

(c) Place: burial or cremation Balivon Mo.

18. (a) Signature of funeral director Willard B. Crown

(b) Address Balivon Missouri

19. (a) 1-21-47 (Date received local registrar) (b) Rathbone Jansen (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pack 108

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

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? Don't think 20 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 20 year 1947 hour 845 minute P. M.

21. I hereby certify that I attended the deceased from 1-10-1947 to 1-20-1947

that I last saw him alive on 1-20-1947 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Central Arteriosclerosis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations AI

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) Means of injury _____

23. Signature J. B. ... (M. D. or other) _____

Address State Hospital #3 Date signed 1-20-47

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

Kretz

RECEIVED
DISTRICT NO. 7,
DISTRICT OF COLUMBIA
DATE 12-4-24
1-29-41

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Coliver, 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, above space should be left blank.