

FILED APR 4 1947

State File No. ....

Registration District No. 371

Primary Registration District No. 6260

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Wiggins Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: EAST ILLAS TWP.  
(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 112

(c) City or town Wiggins 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 WALTER A. 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 Vesta Rudolph

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased July 7 1913  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

33	7	27	hr. _____ min.
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9. Birthplace Wiggins Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Filling Station operator

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Edward Rudolph 1

13. Birthplace Ill (State or foreign country)

14. Maiden name Augusta Langer 4

15. Birthplace Germany Foreign (State or foreign country)

16. (a) Informant Vesta Rudolph

(b) Address Wiggins Mo.

17. (a) Burial (b) Date thereof March 9 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Kelley Ferrell Bergman

(b) Address Susman Mo.

19. (a) Mar 19 47 (b) Lester W. Good  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4  
year 1947 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from was well acquainted as family physician from Dec 1935  
that I last saw him alive on Feb. 25 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Insufficiency  
(Acute Dilatation of Heart)

Duration Instant.

Due to Physical Exhaustion

Due to Overwork, Loss of Sleep from Long Hours of Work 6 mo.

Other conditions No  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy ASC

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) No

(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 C.P. Macdonald (M. D. or other) M.D.  
Address Marshfield, Mo Date signed 3/4/47

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

2  
0  
0

RECEIVED

District Health Officer No. 6,

District File Number 347-371

Date Filed MAR 25 1947

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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 K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.