

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 126785
Registrar's No. _____

FILED APR 24 1947
Registration District No. _____

Primary Registration District No. 3007

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1423 Main St.
(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 Butler

(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")

(d) Street No. 1423 Main
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME William David Rudicile

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

20. DATE OF DEATH: Month April day 10
year 1947 hour 4 minute A M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Dec. 3 1870
(Month) (Day) (Year)

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.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>4</u>	<u>8</u>	_____ hr. _____ min.

Immediate cause of death Cardiac Failure
sup. Cor. Arteriosclerosis
Epileptic

Due to _____

Due to _____

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

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

Major findings: Of operations 93C

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Retired

11. Industry or business Farmer

12. Name Michel Rudicile

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. W. D. Rudicile

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 4/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff Mo.

19. (a) 4/16/47 (b) R. W. Minette
(Date received by registrar) (Registrar's signature)

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 George Wheeler (M. E. or other) _____

Address Poplar Bluff Mo Date 4/11-47

RECEIVED

District Health Office No. 2

District File Number 447-62

Date Filed 4-22-11

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.....

John M. Dancer....., Registered Apprentice No. 487
working under my personal supervision.

Signed Wallace N. Fitch.....

Licensed Embalmer No. 3859.....

P. O. Address Poplar Bluff 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.