

FILED JUL 10 1947

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 43

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

1. PLACE OF DEATH:
 (a) County Reynolds
 (b) City or town Salem
(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 71 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Reynolds **33**
 (c) City or town Salem **1**
(If outside city or town limits, write "RURAL")
 (d) Street No. / **1**
(If rural, give location)
 (e) Citizen of foreign country? No **0**
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John L. Rudd
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month June day 18
 year 1947 hour 8 minute 30 **P.M.**
 21. I hereby certify that I attended the deceased from Jan 8, 1945 1945 to Death 1945;
 that I last saw him alive on 10-22-46 1946
 and that death occurred on the date and hour stated above.

4. Sex M | 5. Color or race W
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Cora Rudd
 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased: Jan 5 1876
(Month) (Day) (Year)

Immediate cause of death _____
heart failure
arteriosclerosis
 Due to _____ ?
 Due to _____ ?
 Other conditions Uremia
(Include pregnancy within 3 months of death)

8. **AGE:** Years 71 Months 6 Days 18
 If less than one day _____ hr. _____ min. 10
 9. Birthplace Dexter, Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired - Farmer

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy 9
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name Richard Rudd
 13. Birthplace on Ocean - from England **4**
(City, town, or county) (State or foreign country)
 14. Maiden name Sara Ann Minney
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)
 16. (a) Informant Cora Rudd
 (b) Address Salem, Mo.
 17. (a) Burial (b) Date thereof June 21, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Blackwell Cemetery
 18. (a) Signature of funeral director Hobson & Grantha
 (b) Address Salem, Mo.
 19. (a) 6-20-47 (b) M. W. Hart, M.D. **80**
(Date received local 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? 0
 While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature M. W. Hart, M.D. **MD**
(M. D. or other)
 Address Salem, Mo. Date signed 6/21/47

RECEIVED

District Embalmer No. 5,

District 747354

Date Filed 7-8-47

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

Edward J. Boyles

Registered Apprentice No. 435

working under my personal supervision.

Signed Max L. Wray

Licensed Embalmer No. 4170

P. O. Address Salem, 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.