No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8244

Registration District No. 77 — Primary Registration District No. 3016 — Registrar's No. 78

1. PLACE OF DEATH:

(a) County: Cole

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

(c) Name of hospital or institution: 101 A Jackson 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: Cole 26

(c) City or town: Jefferson City (If outside city or town limits, write "RURAL") 5

(d) Street No.: 101 A. Jackson St. (If rural, give location) 4

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME: Daisy Hurt Rudolph

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Leslie

6. (c) Age of husband or wife if alive: 73 years

7. Birth date of deceased: Jan 22 1876 (Month) (Day) (Year)

8. AGE: Years 72 | Months 2 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace: Cooper Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business .....

FATHER
12. Name: Benija Hurt
13. Birthplace: Cooper Co. Missouri (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name: Molly Edwards
15. Birthplace: Cooper Co. Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant: Leslie Rudolph

(b) Address: Jefferson City, Mo.

Removal & Burial (Burial, cremation, or removal) (b) Date thereof: 3-27-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Boonville Mo. Cemetery

18. (a) Signature of funeral director: Victor Buescher

(b) Address: Jefferson City, Mo.

19. (a) 3-26-48 (Date received local registrar) (b) R. P. Darris MD (Registrar's signature) LMP

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 24 year 1948 hour 5:30 minute P.M.

21. I hereby certify that I attended the deceased from Jan - ....., 1948 to 3-25, 1948 that I last saw her alive on 3-25, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma. Metastases	few months
Due to: Primary carcinoma of the breast	2 years
Due to:	
Other conditions: Hypertensive cardiovascular disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy 50

PHYSICIAN — Underline the cause of 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) 0

While at work? ..... (e) Means of injury .....

23. Signature: Leon A Taylor (M. D. or other) MD

Address: Jefferson City Date signed: 3-26-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 29 1948

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 Victor Bueschu

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.