S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1948

Registration District No. 70

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15356

Primary Registration District No. 3002

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: Audrain Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Mexico 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1004 W. Liberty St. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 6

If yes, name country

3. (a) PRINT FULL NAME Cora Maude Rodenbaugh

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife J.F. Rodenbaugh

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased October 7 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	7	7	hr. min.

9. Birthplace Knox County, Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Hiram Way
13. Birthplace Knox County, Ill 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Lawhead
15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J.F. Rodenbaugh

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof May 16, 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl E. Crutt

(b) Address Mexico, Mo.

19. (a) 5/15/48 (b) Blanche Neely 7
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1948 hour 2 minute 10 a M.

21. I hereby certify that I attended the deceased from Jan 1, 1948 to May 14, 1948
that I last saw her alive on May 13, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death carcinoma lung	8 mos
Due to carcinoma breast	
Due to (radical removal)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 50	
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature R R Williams (M. D. or other) M.D.

Address Mexico Mo Date signed 5/13/48

(Licensed Embalmer's Statement on Reverse Side)

SEP 4 1962

RECEIVED
District Health Officer No.
District File Number 1-48-89
Date Filed MAY 18 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 Clarence C. Robenson, Registered Apprentice No. 56, working under my personal supervision.

Signed Earl E. Pruett

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.