

S. No. 2  
M-5-43  
5-17-39  
X36671  
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FILED MAY 28 1948

Registration District No. **547**

Primary Registration District No. **6163**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County Stone  
 (b) City or town rural Cass  
(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 \_\_\_\_\_  
(Specify whether  
 In this community 2 weeks  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Calif. (b) County 977  
 (c) City or town Riverside 4  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location) 2  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Joe Rudford  
 3. (b) If veteran.  name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month May day 11<sup>th</sup>  
 year 1948 hour 5 minute 30 P. M.

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Dillie Rudford 6. (c) Age of husband or wife if alive 58 years  
 7. Birth date of deceased Nov. 21 - 1887  
(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  
60 5 20 hr. \_\_\_\_\_ min.

Immediate cause of death Acute myocarditis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
 10. Usual occupation farmer and laborer

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name John Rudford 9  
 13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name unknown  
 15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_  
 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?

16. (a) Informant Bernard Rudford  
 (b) Address Highlandville Route  
 17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 16 48  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Wolf Bayou Cem. near Spring, Ark  
 18. (a) Signature of funeral director G. W. Muplia  
 (b) Address Clever, Mo.  
 19. (a) May 15 - 48 (Date received local registrar) (b) Lena Murray - Dep. (Registrar's signature) 2/17

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury  
 23. Signature Evelyn J. Cheatham Coroner  
(M. D. or other)  
 Address Salena, Mo. Date signed 5/13-48

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

RECEIVED

District Health Officer No. 6;

District File Number

548-641

Date Filed

MAY 26 1948

APR 26 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 J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever 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.