DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1948

Registration District No. 273

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5920

State File No. 27243

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Uniontown Mo.
(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 79-3-16
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 99

(c) City or town Uniontown Mo.
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Peter W. Rodewald

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Rodewald

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

7. Birth date of deceased April (Month) 4 (Day) 1869 (Year)

8. AGE: Years 79 Months 3 Days 16 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Edward Rodewald
13. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Marie Sandler
15. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Theo. Katt
(b) Address Menfro Mo. R. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Uniontown Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.

19. (a) 7-24-48 (Date received local registrar) (b) Jos J Zoellner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1948 hour 3 minute A M.

21. I hereby certify that I attended the deceased from July 1st, 1948, to July 20, 1948, that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to High blood pressure

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 O J Wells (M. D. ~~or other~~) MD

Address Perryville Mo Date signed 7/23/48

(Licensed Embalmer's Statement on Reverse Side)

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

EIVED

ct Health Officer No. 4

ile Number 848-104

iled 8-18-48

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.