

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5046 Murdoch  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 2 Weeks

3. (a) PRINT FULL NAME Marlin T. Rundle

3. (b) If veteran, name war no 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Naomi  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 1 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>73</u>	<u>2</u>	<u>10</u>		hr. _____ min.

9. Birthplace Villas Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Factory Worker

11. Industry or business Retired

MOTHER FATHER

12. Name Albert Rundle

13. Birthplace Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Goff

15. Birthplace Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant C. I. Rundle

(b) Address 4546 Eichelberger

17. (a) Removal (b) Date thereof 11-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Judsonia, Arkansas

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette

19. (a) NOV 12 1948 (b) J. B. Lascater  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Arkansas (b) County \_\_\_\_\_  
(c) City or town Judsonia  
(If outside city or town limits, write "RURAL")  
(d) Street No. W.R. (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 11  
year 1948 hour 10:30 am M.

21. I hereby certify that I attended the deceased from 10-26-48, 19\_\_\_\_, to 11-11-48, 19\_\_\_\_;  
that I last saw him alive on 11-11-48, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate Duration 3 yrs  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 57  
(Include pregnancy within 3 months of death)

Major findings: operated 3 yrs ago  
Of operations \_\_\_\_\_  
Of autopsy no

**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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature D. C. [unclear] (M. D. or other)  
Address 4523 S. Kings Highway Date signed 11/11/48

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**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 Charles W. Cooper  
Licensed Embalmer No. 3830  
P. O. Address 2300 Tappan St

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

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