

FILED AUG 24 1949

STANDARD CERTIFICATE OF DEATH

State File No. 27486

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY Morgan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Morgan

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Moreau Tw'n. c. LENGTH OF STAY (in this place) Lifetime

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Moreau Tw'n.

d. FULL NAME OF HOSPITAL OR INSTITUTION 8 Mi. E. Versailles, Mo.

d. STREET ADDRESS (If rural, give location) 8 Mi. E. Versailles, Mo.

3. NAME OF DECEASED
a. (First) Rudolph b. (Middle) Carl c. (Last) Widowski

4. DATE OF DEATH (Month) (Day) (Year) Aug. 13, 1949

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 9, 1888

9. AGE (In years last birthday) 61

IF UNDER 1 YEAR Days 2 IF UNDER 1 HRS. Hours 4 Min. 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Morgan Co., Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Julius Widowski

13b. MOTHER'S MAIDEN NAME No Record

14. NAME OF HUSBAND OR WIFE Gertie Daniels Widowski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gertie Widowski Barnett, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia
ANTECEDENT CAUSES
DUE TO (b) Cerebral hemorrhage
DUE TO (c) Malignant hypertension
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
3 days
8 days
331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Aug 13, 1949, that I last saw the deceased alive on Aug 12, 1949, and that death occurred at 9:32 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Doct. E. Muncie, D.O.

23b. ADDRESS Eldon, Mo.

23c. DATE SIGNED 8/15/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE AUG. 15-49

24c. NAME OF CEMETERY OR CREMATORY Hopwell Cemetery

24d. LOCATION (City, town, or county) (State) Versailles, Mo.

DATE REC'D BY LOCAL REG. 8-20-1949

REGISTRAR'S SIGNATURE J. L. Washburn

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. F. Kellum Versailles, Mo.

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

RECEIVED
District Health Officer No. 7,
District File Number 2-49-104
Date Filed 8-23-49

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Raymond C. Larker
Licensed Embalmer No. 4626

P. O. Address Wersall, N

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.