

FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5506**

BIRTH NO. _____ REG. DIST. NO. **228** PRIMARY REG. DIST. NO. **5808** Registrar's No. **2**

760
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY MONTGOMERY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Beavercreek		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Beavercreek	
c. LENGTH OF STAY (in this place) 2 yrs		d. STREET ADDRESS (If rural, give location) 8 miles north of Jonesburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) EMMA	a. (First)	b. (Middle) Rudolf	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Feb 5 1950
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5. SEX Female/white	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 2 1884	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR	IF UNDER 6 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS, OR INDUSTRY		11. BIRTH PLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Hans Rudolf
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 2	17. INFORMANT'S SIGNATURE OR NAME Max Rudolf	ADDRESS Chicago Ill
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach with metastasis to ovum	INTERVAL BETWEEN ONSET AND DEATH 8 months
ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (b)	
DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	157A

19a. DATE OF OPERATION Sept 6-1949	19b. MAJOR FINDINGS OF OPERATION abuse - exploratory laparotomy	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 29, 1949**, to **Feb 4, 1950**, that I last saw the deceased alive on **Feb 4, 1950**, and that death occurred at **10:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William H. Cole, D.O.	23b. ADDRESS Montgomery City	23c. DATE SIGNED 2-7-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE Feb 8 1950	24c. NAME OF CEMETERY OR CREMATORY Grice Brook	24d. LOCATION (City, town, or county) (State) Grice Brook Mo
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DATE REC'D BY LOCAL REG. 2-16-50	REGISTRAR'S SIGNATURE Mrs May Miller	25. GENERAL DIRECTOR'S SIGNATURE Carl A. Harding	ADDRESS Jonesburg Mo
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MAR 1 1950

RECEIVED FEB 20 1950
District Health Officer No. 9,
District File Number

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 *Paul Harding*

Licensed Embalmer No. *4115*

P. O. Address *Jonesburg, 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.