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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42618**

BIRTH NO. _____ REG. DIST. NO. **296** PRIMARY REG. DIST. NO. **6018** Registrar's No. **36**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) Lawson R.R.#2	c. LENGTH OF STAY (in this place) 24 years	c. CITY (If outside corporate limits, write RURAL and give township) Lawson R.R.#2 - 0890	
d. FULL NAME OF HOSPITAL OR INSTITUTION at home		d. STREET ADDRESS (If rural, give location) RR 2	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Perry c. (Last) Rudd		4. DATE OF DEATH (Month) (Day) (Year) 12 - 27 - 51	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 12, 1875
9. AGE (In years, last birthday) 76	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Saxwell Virginia	
12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME John Rudd	13b. MOTHER'S MAIDEN NAME Harriet Niday	14. NAME OF HUSBAND OR WIFE Vera G. Rudd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) (If yes, give war or date of service) NO	16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME Vera G. Rudd-Lawson
		ADDRESS Lawson 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		INTERVAL BETWEEN ONSET AND DEATH 5 HRS.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic pemphigus		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7041	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7/19** **1951** to **12/27**, 19**51**, that I last saw the deceased alive on **11/16**, 19**51**, and that death occurred at **1:30A** m., from the causes and on the date stated above.

23a. SIGNATURE Dr. M. Bracken	(Degree or title) M.D.	23b. ADDRESS Excelsior Springs., MO.	23c. DATE SIGNED 12/28/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 29, 1951	24c. NAME OF CEMETERY OR CREMATORY Lawson Cemetery	24d. LOCATION (City, town, or county) (State) Lawson Missouri
DATE REC'D BY LOCAL REG. Dec. 30 - 51	REGISTRAR'S SIGNATURE Helen J. Larkin	1272	25. FUNERAL DIRECTOR'S SIGNATURE Home Funeral Home
		ADDRESS Excelsior Springs, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Carett Lee

Licensed Embalmer No.

4864

P. O. Address

Epelais Springs

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.