

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

2016
Do not use this space.

1. PLACE OF DEATH
 (a) County Euchanan, Registration District No. 80
 (b) Township..... Primary Registration District No. 4048 Registered No.....
 (c) City Agency, (d) Street No. Lynch, St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 20 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harold L. Dudley,
 (a) Residence, No. Agency, Missouri, St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 28, 1918</u>				
7. AGE	YEARS <u>25</u>	MONTHS <u>12</u>	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Attorney</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>State Bar, Inc.</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Jan 1, 1938</u>		11. Total time (years) spent in this occupation <u>1</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Euchanan County, Missouri</u>				
FATHER	13. NAME <u>Osborn G. Dudley</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Euchanan, Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Bessie M. Dudley</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keokuk, Missouri</u>			
17. INFORMANT <u>O. C. Smedley</u> (ADDRESS) <u>Agency, Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Agency, Missouri</u> DATE <u>Jan 31, 1938</u>				
19. FUNERAL DIRECTOR <u>Heaton - Bittel - Baum</u> (ADDRESS) <u>36 Joseph, Mo. Funeral Home</u>				
20. FILED <u>Jan 8, 1938</u> <u>Mrs. Lucy Donald</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>January 7, 1938</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>November 12, 1937</u> , to <u>January 7, 1938</u> . I last saw him alive on <u>January 7, 1938</u> . Death is said to have occurred on the date stated above, at <u>11:30 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Pulmonary Tuberculosis</u>	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB 27 1938 </div>	
Other contributory causes of importance: <u>None</u>	
BUREAU OF VITAL STATISTICS MO. STATE B. CO. <u>St. Joseph</u> Name of operation <u>Smallpox</u> Date of <u>Jan 7, 1938</u> What test confirmed diagnosis <u>Smallpox</u> Was there an autopsy? <u>no</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19..... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury..... Nature of injury.....	
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify..... (Signed) <u>Maxwell Day</u> M. D. (Address) <u>710 Giles, St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, J. Harold Bowman Licensed Embalmer No. 3619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed J. Harold Bowman
Licensed Embalmer No. 3619

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.)