

SEP 26 1938

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

29272
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431
(b) Township _____ Primary Registration District No. 3023 Registered No. 85
(c) City Warrensburg (d) Street No. _____
(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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 419 Franklin 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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Willis Laughman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 10 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.

FATHER 13. NAME Lewis Hale Dudley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Nancy Wheatley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Lleo Laughman
Warrensburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greer Cemetery DATE Aug 30 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. F. Wilcox Funeral Service
Warrensburg Mo.

20. FILED Aug 30, 1938 Ema Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-1- 1938, to Aug 29 1938

I last saw her alive on Aug 5 1938 Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

Kr. Myocarditis Date of onset ?

Other contributory causes of importance: Oral Lippis

Name of operation none Date of _____
What test confirmed diagnosis? None Was there an autopsy? _____

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? No
If so, specify _____ (Signed) W. F. Wilcox M. D.

(Address) Warrensburg Mo

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/8/38

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,

Ronald W. Turpin, or by

Registered Apprentice No....., working under my personal supervision.

Signed *Ronald W. Turpin*

Licensed Embalmer No. *3053*

P. O. Address *Warrersburg 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, above space should be left blank.