

WHITE 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.

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

23497  
Do not use this space.

108  
JUL 13 1939

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875  
 (b) Township Washington Primary Registration District No. 6162  
 (c) City Newada (d) Street No. Newada, Mo. (R.F.D.) 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 10 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 300 Fred Kessler Cuddy

(a) Residence, No. Newada, Mo. (R.F.D.) St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 8 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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) Bethany, Missouri

FATHER 13. NAME Hardy M Cuddy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County, Virginia

MOTHER 15. MAIDEN NAME Mary Francis Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known, West Virginia

17. INFORMANT (ADDRESS) Jay Cuddy, Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Bethany, Mo DATE June 28, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ferry Funeral Home, Newada, Mo

20. FILED June 28, 1939 Allen T. Dyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1939

22. I HEREBY CERTIFY, that I attended deceased from May 20 1939, to June 24 1939  
 I last saw him alive on June 17, 1939. Death is said to have occurred on the date stated above, at 12:15 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Acute Myocardial Infarction - Sudden Death  
Ch. C. F. R. Disease  
 Other contributory causes of importance: 121  
Ch. interstitial nephritis  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

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) [Signature], M. D.  
 (Address) Newada, Mo

RECEIVED

District Health Officer No. 71

District File Number 7-7-35-281

Date Filed 7-11-39

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 Personally

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Lloyd B. Winnett

Licensed Embalmer No. 3857

P. O. Address Merada, 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.