

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.

Registration District No. 461

Primary Registration District No. 3024

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: 2-1  
 (a) County Lafayette  
 (b) City or town Luxington, Mo.  
 (c) Name of hospital or institution: 301 S. 12th St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 50 yrs.  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Lafayette  
 (c) City or town Luxington, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 301 S 12th St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME WILLIAM MELVIN HUDLER  
 3. (b) If veteran, name war Spanish American  
 3. (c) Social Security \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan. day 22  
 year 1940 hour 6 minute 40 P. M.  
 21. I hereby certify that I attended the deceased from 1-15-40  
 \_\_\_\_\_, 1940 to 1-22- \_\_\_\_\_, 1940  
 that I last saw him alive on 1-22- \_\_\_\_\_, 1940  
 and that death occurred on the date and hour stated above.

4. Sex ma 5. Color or race W. 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Mary Ettie Dishman 6. (c) Age of husband or wife if alive 73 years  
 7. Birth date of deceased Jan. 16 1863  
 (Month) (Day) (Year)

Immediate cause of death Chronic myocarditis Duration \_\_\_\_\_  
 Due to arterial \_\_\_\_\_  
 Due to \_\_\_\_\_

8. AGE: Years 77 Months 0 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace Nashville Tenn.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation farmer

Other conditions arterial sclerosis  
 (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy no

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name David Hudler  
 13. Birthplace Nashville Tenn.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Jones  
 15. Birthplace N. C.  
 (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
 22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant's own signature Mary D Hudler  
 (b) Address Luxington Mo  
 17. (a) Burial (b) Date thereof Jan. 25-1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Luxington, Mo  
 18. (a) Signature of funeral director W. Hudler  
 (b) Address Luxington, Mo  
 19. (a) Feb. 3 (b) Delia Bates  
 (Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature B. H. Brasher (M. D. or other) \_\_\_\_\_  
 Address Luxington Mo Date signed 2/3/40

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 1/14/10

**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.....

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

Signed John A. McKeon  
Licensed Embalmer No. 2983  
P. O. Address Livingston, W

**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.**

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  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 461

Primary Registration District No. 3024

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Lexington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
301 south 12th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 50 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town Lexington  
(If outside city or town limits, write "RURAL")  
(d) Street No. 301 South 12th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Melvin Hudler  
8. (b) If veteran, \_\_\_\_\_ 8. (c) Social Security  
name war Spanish American No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 22  
1940 hour 6 minute 40 P. M.

21. I hereby certify that I attended the deceased from 1-15-40  
1940, to 1-22, 1940  
that I last saw him alive on 1-22, 1940  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,  
divorced \_\_\_\_\_  
6. (b) Name of husband or wife Mart Ettie Dishman 6. (c) Age of husband or wife if  
alive 69 years

Immediate cause of death Chronic Myocarditis Duration \_\_\_\_\_

7. Birth date of deceased Jan. 16, 1863  
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 6 If less than one day \_\_\_\_\_ min.

9. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name David Hudler  
13. Birthplace Nashville, Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Jones  
15. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Arterial Sclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy No  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mary Ettie Hudler  
(b) Address Lexington, Mo.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

17. (a) Burial (b) Date thereof Jan. 25, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lexington, Mo.  
Winkler

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Lexington, Mo.  
19. (a) Feb. 3, 1940 (b) Delia Bates  
(Date received local registrar) (Registrar's signature)

23. Signature B. H. Brasher (M. D. or other) \_\_\_\_\_  
Address Lexington, Mo Date signed 2/3/40

5-2855

**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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*J. O. McKean*

Licensed Embalmer No. \_\_\_\_\_

2983

P. O. Address \_\_\_\_\_

*Levinston, Md*

**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.**