

LEU MAR 15 1941

State File No. _____

Registration District No. 840

Primary Registration District No. 6102

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Dudley (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard

(c) City or town Dudley (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Louis Cuss. Piddle

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Piddle 6. (c) Age of husband or wife, if alive 56 years

7. Birth date of deceased Feb. 1 - 22 - 1874 (Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Dexter Mo (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Chas. Wm Piddle

13. Birthplace M. C. (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Emma Piddle

15. Birthplace M. C. (City, town, or county) (State or foreign country)

16. (a) Informant Julia Piddle

(b) Address Dudley Mo

17. (a) Buried (b) Date thereof Feb. 2 - 41 (Month) (Day) (Year)

(c) Place: burial or cremation Dudley Cem. - Mo

18. (a) Signature of funeral director Watkins Frank

(b) Address Dexter Mo

19. (a) 2-7-1941 (b) Bernard Dupont (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1941 hour 5 minute 30 P.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Under the cause of death Last onset was 4-29-39

Diagnosis was Myocarditis

This man was fairly active and died suddenly while pumping water.

It is very probable that death was coronary thrombosis or embolism.

Major findings: _____

This man made several visits to my office previous to April 1939 and a thorough examination revealed heart ailment as above.

22. If death was due to external causes, fill in the following:

(a) Nature, nature, or instrument (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? _____

(Specify type of place) _____

While at work? _____ (d) Means of injury _____

23. Signature Geo J Schaefer (M.D. or other) _____

Address Dexter, Mo Date signed _____

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

3
0
0

Schaffer

RECEIVED

District Health Officer No. 2

District File Number 341-303

Date Filed 3/5/41

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.....

Virgil H. Helek
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Virgil H. Helek*
.....

Licensed Embalmer No. 4102

P. O. Address Defton - 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.