No. 2
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FILED MAY 2 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15081

Registration District No. 503 Primary Registration District No. ~~4-3-0-6~~ 5669 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Meadville Parson Creek twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether
In this community 38 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 58

(a) State Missouri (b) County Linn

(c) City or town Meadville Parson Creek twp
(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.? 0 years.

3. (a) PRINT FULL NAME Harrison Wallace Gudgell

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widower 7

6. (b) Name of ~~husband~~ or wife Clara Bell Gudgell

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Nov (Month) 21 (Day) 1852 (Year)

8. AGE: Years 88 Months 3 Days 28 If less than one day hr. min.

9. Birthplace Putman Co (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William G. Gudgell
13. Birthplace Warren Co (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Mary A. Sharpless
15. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Daisy B. Gudgell
(b) Address Albert Lea Minnesota
2 Park Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar (Month) 21 (Day) '41 (Year)

(c) Place: burial or cremation Princeton Ill.

18. (a) Signature of funeral director Smiley Funeral Home
(b) Address Wheeling Ohio

19. (a) 3-20-41 (Date received local registrar) (b) E. F. Weir (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1941 3 hour 10 minute A M.

21. I hereby certify that I attended the deceased from 3-17-, 1941, to 3-18-, 1941;
that I last saw him alive on 3-18-, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral thrombosis	
Due to 43.12	
Due to	
Other conditions Pulmonary Edema - Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature S. H. Hansen (M. D. or other) DO
Address Meadville Mo. Date signed 3-20-41

(Licensed Embalmer's Statement on Reverse Side)

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 Frank L. Smiley, Registered Apprentice No. 470 working under my personal supervision.

Signed Frank L. Smiley

Licensed Embalmer No. 470

P. O. Address Wheeling W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.