

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25206

State File No. _____

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days 0
In this community 7 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Minto Thomas Dudley

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

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

6. (b) Name of husband or wife L 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Feb. 19 1953
(Month) (Day) (Year)

8. AGE: Years 88 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Grafton, Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Stock Man

11. Industry or business "

12. Name Eliza Skelton

13. Birthplace U.S.
(City, town, or county) (State or foreign country)

14. Maiden name Isaac Vaughn Dudley

15. Birthplace U.S.
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Barbee

(b) Address Clinton, Mo.

17. (a) Burial (b) Date thereof 7-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbus Mo.

18. (a) Signature of funeral director Sweeney & Phillips

(b) Address Warrensburg Mo.

19. (a) 8-6-41 (b) D. R. Hampton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Center View
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 29
year 1941 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from 7-28-41
19 7-29 to 1941

that I last saw him alive on 7-29 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic Nephritis

Due to Ca of rectum & prostate

Other conditions Hob
(Include pregnancy within 3 months of death)

Major findings: Removal Ca of rectum
Of operations 7-28-41

Of autopsy _____

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

23. Signature Eugene D. Merrill (M. D. or other)

Address Clinton Mo. Date signed 7-29-41

(Licensed Embalmer's Statement on Reverse Side)

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

Embalmer's Statement

Duration

2 days

unknown

7 yrs.

7 yrs.

7 yrs.

7 yrs.

7 yrs.

7 yrs.

7 yrs.

7 yrs.

7 yrs.

7 yrs.

7 yrs.

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1332

Date Filed 8-14-41

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.....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.