

FILED AUG 29 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28476

State File No.

Registration District No. 385

Primary Registration District No. 4228

Registrar's No.

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Willow Springs
(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.....
In this community 4 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Walter John Duddridge
3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 5. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mae Blackbaker 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased May 27 1991
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 1 16 hr. min.

9. Birthplace Stormlake Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Daniel Duddridge
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Emily Amesbury
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant George Duddridge
(b) Address Willow Springs, Mo.

17. (a) Burial (b) Date thereof 7/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barham Mo.

18. (a) Signature of funeral director Geo Carr
(b) Address Thayer Mo.

19. (a) 7-15-41 (b) Janette Ferguson
(Data received local registrar) (Registrar's signature)

345 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Willow Springs
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1941 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 5-1-41
1941, to 7-13-1941

that I last saw him alive on 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Aplastic Anemia Duration 6 wos.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 C. F. Callahan (M. D. or other)

Address Willow Springs Mo Date signed 7/17/41

Callahan

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

6200

041
020

732

RECEIVED

District Health Officer No: 5,

District File Number 8411841

Date Filed _____

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,
working under my personal supervision.

Registered Apprentice No.

Signed Leo Carr

Licensed Embalmer No. 2852

P. O. Address Thayer, 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, fact should be so stated above.