

BUREAU OF THE CENSUS  
FILLED OCT 27 1941  
Registration District No. 329

Primary Registration District No. 5435

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Grundy  
(b) City or town Laredo Rural Wilson  
(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 30 / 1 (Specify whether years, months or days)8. (a) PRINT FULL NAME JAMES WILLARD DUDLEY

8. (b) If veteran, name war \_\_\_\_\_ 8. (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 Emma Dudley  
6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased July 9 1874  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
67 29 hr. min.9. Birthplace Randolph Co Ind.  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

## 11. Industry or business

12. Name Anderson Dudley  
13. Birthplace Ind.  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarina Elizabeth Cheever  
15. Birthplace Ind.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Anderson, J. Dudley(b) Address Laredo, Mo.17. (a) Burial (b) Date thereof Aug. 4 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Laredo, Mo.18. (a) Signature of funeral director E. J. Robertson(b) Address Laredo, Mo.19. (a) Sept 2 1941 (b) Mabel Warren  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(c) State Missouri (b) County Grundy 045  
(c) City or town Laredo Rural  
(If outside city or town limits, write "RURAL")(d) Street No. 3 1/2 miles southeast Laredo  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2nd  
year 1941 hour 118 minute \_\_\_\_\_ P. M.21. I hereby certify that I attended the deceased from on  
Aug 2, 1941 to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on Aug 1, 1941;  
and that death occurred on the date and hour stated above.Immediate cause of death Coronary occlusion Duration 1 hr

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

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

Other conditions (Include pregnancy within 3 months of death) 94A

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 E. J. Robertson (M. D. or other) \_\_\_\_\_Address Director Mo Date signed 8/4/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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 *E. J. Robertson*.....

Licensed Embalmer No. *2465*.....

P. O. Address *Fairfax, 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.**