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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED APR 6 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11420

State File No.

Registration District No. 589

Primary Registration District No. 4347-5787A-5787B

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Montgomery  
(b) City or town Bellflower - BEAR CREEK  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Home  
In this community 3 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery  
(c) City or town Rural  
BEAR CREEK  
(If outside city or town limits, write "RURAL")  
(d) Street No. Bellflower township  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Clyde Earl Dudley

3. (b) If veteran, name war None 3. (c) Social Security No. 486-14-1431

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

6. (b) Name of husband or wife Bertha May Dudley 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 9 26 1895  
(Month) (Day) (Year)

8. AGE: Years 47 Months 5 Days 6 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business General Duties

12. Name John Leonard Dudley

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

14. Maiden name Catherine Junkins

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

16. (a) Informant Bertha May Dudley

(b) Address Bellflower Mo.

17. (a) Burial 1942 (b) Date thereof 3-4-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellflower Cem

18. (a) Signature of funeral director Oland A Jones

(b) Address Bellflower Mo.

19. (a) 3-7-1942 (b) Elizabeth Harner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1  
year 1942 hour 01 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 27  
1941 to March 1, 1942  
that I last saw him alive on March 1, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

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 2

23. Signature W. H. Walls (M. D. or other)

Address Bellflower Date signed 3/4/42

(Licensed Embalmer's Statement on Reverse Side)

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

7000

P

MAY 11 1942

SEP 7 1950

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.....

Me....., Registered Apprentice No.....

working under my personal supervision.

Signed *Cland A Jones*.....

Licensed Embalmer No. 2978.....

P. O. Address Bellflower 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.