

FILED JUL 17 1942

Registration District No. 449 440 Primary Registration District No. 5233

Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt Vernon T. J  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Lab  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 391 days  
(Specify whether years, months or days)

In this community 391 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town New Haven  
(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.....

3. (a) PRINT FULL NAME Carl Chesterfield Thudium

3. (b) If veteran, name war Ms

3. (c) Social Security No. 401-01-0181

4. Sex Male 5. Color of race White

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

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive 4 years (Day) 1913 (Year)

7. Birth date of deceased Aug 4 1913  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1942 hour 2:15 minute 10 M.

21. I hereby certify that I attended the deceased from May 29 1941 to June 23 1942 that I last saw him alive on June 23 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 28 Months 10 Days 19 If less than one day .....hr. ....min.

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

10. Usual occupation Clerk

11. Industry or business Store

12. Name Charles C Thudium

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

14. Maiden name Minnie Jane

15. Birthplace New Haven MD  
(City, town, or county) (State or foreign country)

Immediate cause of death Pulmonary Tuberculosis Duration 3 yrs

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN 138

Underline the cause to which death should be charged statistically.

16. (a) Informant State Sanatorium Records

(b) Address Mt Vernon mo

17. (a) Removed (Burial, cremation, or removal) (b) Date thereof June 23-1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Washington mo

18. (a) Signature of funeral director Geo B Ori to Meyer Kite  
(b) Address Mt Vernon mo - Washington mo

19. (a) 6/24/42 (b) Andy Crawford  
(Date received local registrar) (Registrar's signature)

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?.....

(Specify type of place) (Specify type of injury)

23. Signature J G Hutchinson (M. D. or other) D 2:7

Address Mt Vernon mo Date signed 6/23

RECORDED  
District Health Officer No. 6,  
District File Number 742-997  
Date Filed JUL 15 1942

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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..... *Geo B Orr*  
Licensed Embalmer No. 946  
P. O. Address 7th Temon 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.**