

FILED SEP 15 1943.

Registrar's No. 38

Registration District No. 143.

Primary Registration District No. 4532

16
20
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County... HOWELL
(b) City or town... WILLOW SPRINGS, MO.
(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... 50 YEARS (Specify whether

In this community... 50 YEARS years, months or days)

3. (a) PRINT FULL NAME... EMILY AMESBURY DUDRIDGE

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

4. Sex... F. 1 5. Color or race... W 6. (a) Single, widowed, married, divorced... 2 divorced WIDOW

6. (b) Name of husband or wife... DANIEL DUDRIDGE 6. (c) Age of husband or wife if alive... years

7. Birth date of deceased... Feb. 2 1862 (Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 6 If less than one day hr. min.

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

10. Usual occupation... HOUSE WIFE

11. Industry or business

MOTHER FATHER

12. Name... John Amesbury

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

14. Maiden name... Don't know

15. Birthplace... Don't know (City, town, or county) (State or foreign country)

16. (a) Informant... Geo. Dudridge & Alice Rufford

(b) Address... Willow Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof... 18/10/42 (Month) (Day) (Year)

(c) Place: burial or cremation... Pine Grove Cemetery

18. (a) Signature of funeral director... Burnham Sons - J. Burnham

(b) Address... Willow Springs, Mo.

19. (a) 8-10-42 (Date received local registrar) (b) Thelma Ferguson (Registrar's signature)

340 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MO. (b) County... Howell 46

(c) City or town... Willow Springs 20 (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 August day 8 year 1942 hour 10 minute 25 A.M.

21. I hereby certify that I attended the deceased from July 13, 1941, to August 8, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death... Bronchopneumonia

Due to... Nephritis Myocarditis

Due to

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

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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... J. Cottrell D.C. (M.D. or other) Address... Willow Springs, Mo. Date signed... 8/19/42

RECEIVED

District Health Officer No. 5,

District File Number

Date Filed

94-2879

6-14-42

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.....

J.R. Burns

Licensed Embalmer No. 1837

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27278
Registrar's No. 38

Registration District No. Hannell Primary Registration District No. 4232

1. PLACE OF DEATH:
(a) County Willow Springs
(b) City or town
(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
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(d) Street No.
(e) Citizen of foreign country?
If yes, name country

3. (a) PRINT FULL NAME Emilda Dudgeon
3. (b) If veteran, name war. 3. (c) Social Security No.

20. DATE OF DEATH: Month Aug Day 8
Year 1942 hour minute M.
21. I hereby certify that I attended the deceased from
that I have seen him/her alive on
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced.
6. (b) Name of husband or wife Daniel 6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

Immediate cause of death: bronchio pneumonia
Due to
Due to Nephritis chronic
Other conditions: myocarditis
(Include pregnancy within 3 months of death)

8. AGE: Years 80 Months 6 Days min.
9. Birthplace: England
(City, town, or county) (State or foreign country)

Major findings:
Of operations
Of autopsy
1318
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation
11. Industry or business
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director (b) Address
19. (a) (Date received local registrar) (b) (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?
While at work? (Specify type of place) (e) Means of injury
23. Signature J. J. Cahill MD
Address Willow Springs Mo Date signed 9/28/42

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

SUPPLEMENTARY

