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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 30 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

41224

State File No.

Registration District No. 7806 Primary Registration District No. 5693 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Dawn Rural Mounted Free D
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
General Delivery Dawn, Missouri.
(If not in hospital or institution, write street number or location)

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

In this community 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town Dawn, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. General Delivery-Dawn, Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME David William Tudor

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. (Month) 28 (Day) 1856 (Year)

8. AGE: Years 86 Months 2 Days 20 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name David Tudor

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Ira Hanks

(b) Address Chillicothe, Missouri.

17. (a) Dawn, Mo. (Burial, cremation, or removal) (b) Date thereof 11-20-'42 (Month) (Day) (Year)

(c) Place: burial or cremation Welsh Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri.

19. (a) 11-19-1942 (Date received local registrar) (b) Mary E. Griffiths (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18th year 1942 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from 10/12/42, 19..., to 10/21/42, 19..., that I last saw h... alive on 10/21/42, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Gangrene of foot — Duration 40 days

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 9/12

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F. M. Dowell (M. D. or other)

Address Chillicothe Mo Date signed 11/19/42

1002 (Licensed Embalmer's Statement on Reverse Side)

JAN 27 1943

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

E. R. Norman, Registered Apprentice No.

working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, 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.