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5-17-39
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10431

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 46

Registration District No. 176

Primary Registration District No. 3026

1. PLACE OF DEATH:

(a) County T Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1922 Clairmont 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days) 8 years

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County T Jackson

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

(d) Street No. 1922 Clairmont
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country no 0

3. (a) PRINT FULL NAME WILLIAM E. DUDLEY

3. (b) If veteran, ✓ name war _____

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6 year 1943 hour 8 minute P M.

4. Sex Male 5. Color or Orace white

6. (a) Single, widowed, married, 1 divorced Married

6. (b) Name of husband or wife Martha King Dudley 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Feb 1 1944
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 15, 1942, to Feb 1, 1943; that I last saw him alive on Feb 1, 1943; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

79 7 6 _____ hr. _____ min.

Immediate cause of death: Myocarditis
Hypertensive
Due to Bronchial asthma
Senility

Due to _____

9. Birthplace Hamilton Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Ret. Carpenter

Other conditions (Include pregnancy within 3 months of death) 93e 1

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name E. J. Dudley

13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Isabelle Jones

15. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Marion Jones

(b) Address Independence

17. (a) Burial (b) Date thereof 2 8 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickland Cem

18. (a) Signature of funeral director How Farned

(b) Address Hamilton Mo Home

19. (a) 2-8-1943 (b) D. J. [Signature]
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature George M. Bell (M. D. or other) _____

Address 11037 Wilmer Rd Indef. Date signed 2:6:43

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

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 Morris A. Brown

Licensed Embalmer No. 3918

P. O. Address Hamilton 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.