

FILED MAR 16 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11309

State File No.

Registration District No. 167

Primary Registration District No. 5624

Registrar's No. 159

1. PLACE OF DEATH:

(a) County KNOX
(b) City or town SHELTON TWP
(c) Name of hospital or institution: 1
(If not in hospital or institution; write street number or location)
(d) Length of stay: In hospital or institution 73 yrs.
In this community 73 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shox
(c) City or town Rural - Shelton
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME ADA WONDERLEY Dudgeon

MEDICAL CERTIFICATION

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

DATE OF DEATH: Month Jan day 20
year 1944 hour 2 minute 30 A. M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife JOHN C. DUDGEON 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased OCTOBER 28 1944
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1940 to 1944, 1944;
that I last saw her alive on Jan 18, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus Duration 4 yrs.

8. AGE: Years 73 Months 2 Days 22 If less than one day hr. min.

Due to

9. Birthplace KNOX COUNTY MISSOURI
(City, town, or county) (State or foreign country)

Due to

10. Usual occupation HOUSEWIFE

Other conditions (Include pregnancy within 3 months of death) 61

MOTHER FATHER { 11. Industry or business
12. Name WILLIAM WONDERLEY
13. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)
14. Maiden name NANCY ROBBINS
15. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)

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

16. (a) Informant Lloyd Dudgeon
(b) Address Hurdland Mo
17. (a) burial (b) Date thereof Jan 23 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hurdland Mo. 200.F.
18. (a) Signature of funeral director G. B. Beasley Jr.
(b) Address Hurdland Mo
19. (a) 2-3-44 (b) Nelle Northcutt
(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
23. Signature C. J. Wilson (M. D. or other) D.O.
Address Earina Mo. Date signed 1/25/44

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

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RECEIVED

District Health Officer No. 10

District File Number 3-44-638

Date Filed MAR 1 1944

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 Casley Jr.

Licensed Embalmer No. 3755

P. O. Address Hurdons, 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.