S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED AUG 9 1945

STANDARD CERTIFICATE OF DEATH

State File No. 23591

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 225

1. PLACE OF DEATH:

(a) County CALLAWAY

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

(c) Name of hospital or institution: CALLAWAY HOSPITAL O
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY 14

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

(d) Street No. WILLIAMSBURG MO O
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Bobby Joe Dudley

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex MALE O

5. Color or race White

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

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

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

7. Birth date of deceased July (Month) 16 (Day) 1945 (Year)

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

9. Birthplace WILLIAMSBURG (City, town, or county) MO O (State or foreign country)

10. Usual occupation BABY

11. Industry or business .....

FATHER
12. Name Joseph Dudley
13. Birthplace CALLAWAY CO. (City, town, or county) MO. O (State or foreign country)

MOTHER
14. Maiden name BARABARA WOMACK
15. Birthplace CALLAWAY (City, town, or county) MO. O (State or foreign country)

16. (a) Informant MRS ELMER SHELTON
(b) Address WILLIAMSBURG, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof July 19 1945 (Month) (Day) (Year)
(c) Place: burial or cremation EBENEZER

18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 412 Court St. Fulton, Mo.

19. (a) 7-19-1945 (Date received local registrar) (b) Josie Morsinkoff (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1945 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from July 18 1945 to 1:30 P.M. 7/18 1945 from 7:30 a.m. that I last saw him alive on July 18-19/45 1945 and that death occurred on the date and hour stated above.

Immediate cause of death (Anuria.) Uremia

Due to Anuria.

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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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 [signature] (M. D. or other)

Address Fulton Mo Date signed 7/19/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 8-7-45

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 Glenn G. Mayani
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.