V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25283

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 100

1. PLACE OF DEATH

(a) County Vernon

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

(c) Name of hospital or institution State Hosp. #3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 yrs 5 months (Specify whether years, months or days)

In this community Same

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 108

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. Rt. 1 Westline (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William Thurmon Dudley

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. 16, 1889 (Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 19 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Charles Barnett Dudley

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

14. Maiden name Alice Parrish

15. Birthplace Cass Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Hosp. Recd.

(b) Address Nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jul 5 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Harrisonville Mo

18. (a) Signature of funeral director Allen S. Bye

(b) Address Nevada Mo

19. (a) 7-6-45 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1945 hour 03 minute 558 M.

21. I hereby certify that I attended the deceased from Nov 15 1938 to July 5 1945 that I last saw him alive on July 5 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Bronchopneumonia

Due to Pneumonia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 30 dr

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 Wm. J. Crane (M. D. or other)

Address Nevada Date signed 7/5/45

1331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 7-45-257
Date Filed 8-9-45

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 Allen E. Kaye

Licensed Embalmer No. 1968

P. O. Address Nevada 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.