V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27257

State File No.

Registration District No. 101 Primary Registration District No. 4173 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Douglas

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

(c) Name of hospital or institution:
(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 Mo. (b) County Douglas 34

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Dudley

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Eugene F. Dudley
13. Birthplace Seymour (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mofadeen Burchell
15. Birthplace Ava (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Frances Burchell
(b) Address Ava Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-45 (Month) (Day) (Year)
(c) Place: burial or cremation Ava

18. (a) Signature of funeral director None
(b) Address

19. (a) 8-1-45 (Date received local registrar) (b) Lula Spurlock Deputy (Registrar's signature)

1056

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1945 hour 11 minute a. M.

21. I hereby certify that I attended the deceased from April 15, 1945, to April 15, 1945; that I last saw him alive on April 15, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Premature

Due to

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.

159

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 Dr. C. E. Harlan (M. D. or other) D.O.

Address Ava Mo. Date signed 7-30-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 845-935
Date Filed AUG 27 1945

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 N B Hutchison

Licensed Embalmer No. 3487

P. O. Address Ona

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.