

FILED SEP 7 1945

STANDARD CERTIFICATE OF DEATH

State File No. **28705**

Registration District No. **339**

Primary Registration District No. **6149**

Registrar's No. **12**

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Dudley mo. Washburn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Dudley mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 34 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Dudley
(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 _____

3. (a) PRINT FULL NAME WILLIAM H. STUARD

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 ✓
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 22 1904
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 10
If less than one day _____ hr. _____ min.

9. Birthplace Clark Co Ill. (City, town, or county) (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business

12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 7

16. (a) Informant A. R. Hendrix
(b) Address Dudley, Mo

17. (a) Burial (b) Date thereof Aug 3 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dudley Cemetery

18. (a) Signature of funeral director Washburn Funeral Home

(b) Address Dudley Mo

19. (a) 8-7-1945 (b) J. S. Stumma
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 26 1945 to July 31 1945;
that I last saw h. lx alive on July 31 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Left Ventricular failure Duration _____

Due to Chronic myocarditis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Gordon Campbell M.D. or other _____
Address Frid 276 Date signed Aug 4/45

1132

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

RECEIVED

District Health Office No. 2,

District File Number 945-3007

Date Filed 9-6-45

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 Lynna Steele
Licensed Embalmer No. 2476
P. O. Address Nexter Ms

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.