

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50104-7-20-37 I X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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15981

FILED MAY 27 1946

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17100
Do not use this space.

1. PLACE OF DEATH
 (a) County Knox Registration District No. _____
 (b) Township Greene Primary Registration District No. _____
 (c) City Knox City (d) Street No. 15619 Registered No. 80 St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LULU MARGARET DUDGEON
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 3 1885

7. AGE YEARS <u>60</u>	MONTHS <u>4</u>	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. INVALID
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) KNOX CO. (STATE OR COUNTRY) MISSOURI

FATHER
 13. NAME JAMES H. DUDGEON
 14. BIRTHPLACE (CITY OR TOWN) MISSOURI (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME MARY CATHERINE McGAOTHAN
 16. BIRTHPLACE (CITY OR TOWN) MISSOURI (STATE OR COUNTRY) _____

17. INFORMANT RICHARD DUDGEON (ADDRESS) FT. MADISON IOWA

18. BURIAL, CREMATION, OR REMOVAL I.O.O.F. PLACE HURDLAND Mo DATE FEB 25 46

19. FUNERAL DIRECTOR G. B. Beasley Jr. (ADDRESS) Hudon, Mo.

20. FILED Apr. 15 1946 Julia S. Hunt Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1946

22. I HEREBY CERTIFY, That I attended deceased from Jan 1946 to Feb 23 1946
 I first saw her alive on Feb 21 1946 Death is said to have occurred on the date stated above, at 12:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus
 Date of onset 20 years

Other contributory causes of importance:
Hypertension

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) G. Phillips, M.D. M. D.
 (Address) Knox City, Mo.

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RECEIVED
City Health Officer No. 10
Disposal No. 5-46-93
Date Filed MAY 23 1946

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
.....L. E.....
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Geo B. Casley Jr.

Licensed Embalmer No. 3755

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.)