No. 2
—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 6 1948

Registration District No. 278

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5772

Primary Registration District No. 5953

Registrar's No. 14

1. PLACE OF DEATH:

(a) County: Pike

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

(c) Name of hospital or institution: Near Stark
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pike

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

(d) Street No.: Near Stark
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: WILLIAM EMERY DUDLEY

3. (b) If veteran, name war: World War I

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced

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

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

7. Birth date of deceased: Dec. (Month) 17 (Day) 1887 (Year)

8. AGE: Years 60 | Months 1 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace: Pike Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farming

FATHER
12. Name: Peter Winston Dudley
13. Birthplace: Pike Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Lucy Ann Meyer
15. Birthplace: Pike Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mr. Roy Dudley
(b) Address: St. Louis, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Buffalo Cem.

18. (a) Signature of funeral director: Garner & Sterne
(b) Address: Louisiana, Missouri

19. (a) 2/14/48 (Date received by registrar) (b) Bernice Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1948 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19....., to ..... 19.....;
that I last saw him alive on ..... 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: gun shot in breast	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): suicide

(b) Date of occurrence: 12 1948

(c) Where did injury occur? in farm Pike Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm in home (Specify type of place)

While at work? NO (e) Means of injury: Firearms

23. Signature: S. A. Goodin Coroner (M.D. or other)

Address: Louisiana Mo Date signed 2/12/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 1948

APR 6 1948

RECEIVED
District Health Officer No. 10
District File Number 3:48:439
Date Filed MAR 4 1948

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 Virginia M. Sterne Registered Apprentice No. 491 working under my personal supervision.

Signed J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Lousiana 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.