

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 30 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18559

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 3000

Registrar's No. 210

## 1. PLACE OF DEATH:

(a) County: ADAIR  
 (b) City or town: KIRKSVILLE  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: GRIMSMITH HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether  
 In this community: 6 WEEKS  
 years, months or days)

3. (a) PRINT FULL NAME: ANNA LEE TUDOR3. (b) If veteran, name war: L 3. (c) Social Security No.: L

4. Sex: FEMALE 5. Color or race: W 6. (a) Single, widowed, married, divorced: MARRIED  
 6. (b) Name of husband or wife: CARL TUDOR 6. (c) Age of husband or wife if alive: 44 years  
 7. Birth date of deceased: AUG 25 1905  
 (Month) (Day) (Year)

8. AGE: Years: 42 Months: 9 Days: 26 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace: Scotland Co. Mo  
(City, town, or county) (State or foreign country)10. Usual occupation: HOUSE KEEPER

11. Industry or business: \_\_\_\_\_

MOTHER FATHER { 12. Name: WM. H. RHODES  
 13. Birthplace: SCUYLER Co. Mo  
 (City, town, or county) (State or foreign country)  
 14. Maiden name: ANNA STONE  
 15. Birthplace: SCOTLAND Co. Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant: Carl Tutor(b) Address: ARBELA Mo17. (a) BURIAL (b) Date thereof: 6-23-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation: MEMPHIS CEMETERY18. (a) Signature of funeral director: R. M. Moore & Sons(b) Address: MEMPHIS MO19. (a) 6-24-48 (b) Wote Lambert  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: SCOTLAND  
 (c) City or town: RURAL 99  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.: JOHNSHIP TOWNSHIP  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No) /  
 If yes, name country: \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: JUNE day: 21  
year: 1948 hour: 4 minute: 40 a.m.21. I hereby certify that I attended the deceased from May 17  
\_\_\_\_\_, 1948, to June 21, 1948;that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.Immediate cause of death: uremia Duration: 10 daysDue to: Nephritis with hypertinsion 1-year

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations: 31B  
 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)  
(c) Means of injury: 023. Signature: George E. Green (M. D. or other) m.d.  
Address: Kirkville, Missouri Date signed: 6/23/48

RECEIVED

District Health Officer No. 10

District File Number 6-48-1127

Date Filed MUN 24 1948

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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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis, Tenn

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.