

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

18930

State File No. _____

Registrar's No. 26

Registration District No. 61

Primary Registration District No. 4107

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

1. PLACE OF DEATH:

(a) County Cedar

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

(c) Name of hospital or institution: HOME
(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 _____ years
(Specify whether years, months or days)

3: (a) PRINT FULL NAME Cornelius Perry Tudor

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 Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October 11 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 27
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Cornelius P. Tudor

13. Birthplace KY
(City, town, or county) (State or foreign country)

14. Maiden name Meyers

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

16. (a) Informant Jess Tudor

(b) Address Eldorado Springs, Mo

17. (a) Burial (b) Date thereof May 18, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chiltonville Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Eldorado Springs, Mo

19. (a) 5-10-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

(c) City or town Eldorado Springs, 1
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1948 hour 4 minute 20 PM

21. I hereby certify that I attended the deceased from Jan 1946 to May 4 1948
that I last saw him alive on May 6 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: cirrhosis of liver

Due to _____

Due to _____

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

124B

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? 0

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

23. Signature L. F. Dunaway (M.D. or other)
Address Eldorado Springs Date signed 5/19/48

RECEIVED

District Health Officer No. _____

District File Number 793

Date Filed 7-14-18

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.....

James E. Hackleman, Registered Apprentice No. 44,
working under my personal supervision.

Signed Floyd Carathers

Licensed Embalmer No. 4419

P. O. Address Elwood Springs

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.