

FILED JUL 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. *Ferguson*
23749

Registration District No. 251

Primary Registration District No. 5853

Registrar's No. 163

1. PLACE OF DEATH:

(a) County Nodaway
 (b) City or town Maryville - rural *PAW*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: County Farm *5*
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME OLIVER STEPHEN TUDDER

3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex Male *C*
 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (c) Age of husband or wife if alive 4 years
 7. Birth date of deceased April 30 1880
 (Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 4
 If less than one day hr. min.

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

10. Usual occupation Farmer - retired11. Industry or business Farming12. Name Thomas Tudder13. Birthplace Illinois
 (City, town, or county) (State or foreign country)14. Maiden name Sarah Jane Snoderly15. Birthplace unknown *U*
 (City, town, or county) (State or foreign country)16. (a) Informant Boyd Tudder(b) Address Maryville, Missouri17. (a) burial (b) Date thereof 7/7/48
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Union Grove Cemetery18. (c) Signature of funeral director Paul Ferguson(b) Address Maryville, Missouri19. (a) 7-10-48 (b) Bess Holt
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway *74*
 (c) City or town Maryville
 (If outside city or town limits, write "RURAL") *5*
 (d) Street No. rural
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
 year 1948 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 4 to July 4 19 48
 that I last saw him alive on July 4 19 48
 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
 Due to Cholera
 Due to Malnutrition
 Duration 1 day

Other conditions (Include pregnancy within 3 months of death)

Major findings: gill
 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 0

23. Signature R. Ferguson (M. D. or other)
 Address Maryville, MO Date signed 7/7/48

DISTRICT HEALTH OFFICE
Cameron, Md.

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 Clum M. Price

Licensed Embalmer No. 1822

P. O. Address Marvill, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.