

FILED SEP 14 1948

Registration District No. _____

Primary Registration District No. **3000**

Registrar's No. **262**

1. PLACE OF DEATH:

(a) County **Adair**
 (b) City or town **Kirkville**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
813 N. High /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)
 In this community **20 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Adair** **1**
 (c) City or town **Kirkville** **3**
(If outside city or town limits, write "RURAL")
 (d) Street No. **813 N. High** **3**
(If rural, give location)
 (e) Citizen of foreign country? **No** **0**
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Reason M. Dudgeon**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Sara Jane Elsea** 6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **October 13 1878**
(Month) (Day) (Year)

8. AGE: Years **69** Months **10** Days **19** If less than one day hr. _____ min. _____

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

10. Usual occupation **Retired Farmer**

11. Industry or business _____

12. Name **James Noel Dudgeon**

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

14. Maiden name **Margaret Fitzgerald**

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

16. (a) Informant **Mrs. Sara Jane Dudgeon**

(b) Address **Kirkville, Missouri**

17. (a) **Burial** (b) Date thereof **9/4/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Hills Cmt.**

18. (a) Signature of funeral director **Dee Riley Funeral Home**

(b) Address **Kirkville, Missouri**

19. (a) **9-8-48** (b) **Kate Lambert**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **2**
 year **1948** hour **5:15** minute **A: M.**

21. I hereby certify that I attended the deceased from **man!** **1934** to **Sept. 2 1948**
 that I last saw him alive on **Sept 1 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Myocarditis chr. 4 yrs
 Due to **Decompensation of heart**
 Due to **Arteriosclerosis Senescent 10 yrs**
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy **g in 8**

Duration

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 **Rostickler** (M. D. or other) **MD**
 Address **Kirkville, mo** Date signed **9-3-48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 1

District File Number 948-160

Date Filed SEP 13 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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 4181

P. O. Address Kirksville, 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.