

FILED NOV 21 1948

Registration District No.

Primary Registration District No. 3000

Registrar's No. 332

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 424 W. Dodson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether Life)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. 424 W. Dodson
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Willard Dudley

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 Ethel Steele

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April 13 1863
(Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 5
If less than one day hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1948 hour 2:10 minute A M.

21. I hereby certify that I attended the deceased from July
1948 to Nov. 18 1948
that I last saw him alive on Nov. 16th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of feet (bilateral) 2 mo.

Due to Arteriosclerosis (endarteritis)

Due to

Other conditions Nephritis, chronic several years
(Include pregnancy within months of death) Myocarditis, chronic

Major findings: 12/10

Of operations

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Thomas Dudley

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

14. Maiden name Lutcia Hawkins

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

16. (a) Informant Mrs. Ethel Dudley

(b) Address Kirksville, Missouri

17. (a) Burial (b) Date thereof 11/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yarrow Cmt.

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

(b) Address Kirksville, Missouri

19. (a) 11-19-48 (b) W. Lambert
(Date received local registrar) (Registrar's signature)

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? (Specify type of place)

While at work? (Specify means of injury)

23. Signature Spencer L. Freeman M.D. (M. D. or other)

Address Kirksville, Mo. Date signed 11/18/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 11-48-1981

Date Filed NOV 22 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

Roy H. Mercer, Jr.

Licensed Embalmer No. 4432

P. O. Address Kerksville, 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.