

FILED FEB 15 1943

Registration District No. 1937

Primary Registration District No. 4214

Registrar's No. 27

1. PLACE OF DEATH:

(a) County... Henry
(b) City or town... Deepwater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at 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)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Jennie Virginia Fudge

3. (b) If veteran, no
name war.....

3. (c) Social Security No. N.O.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife... J.R. Fudge
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Nov 22 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 6 hr. min.

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

10. Usual occupation House Keeper

11. Industry or business
12. Name M.L. Strickland
13. Birthplace Franklin County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Agnes Conway
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant J.R. Fudge
(b) Address Deepwater Mo.

17. (a) Amial (b) Date thereof 1-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Valley Cem

18. (a) Signature of funeral director John Hunt
(b) Address Deepwater

19. (a) Jan. 29 1943 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1943 hour 5:45 minute 45 P.M.

21. I hereby certify that I attended the deceased from JAN 9 1943 to JAN 28 1943
that I last saw her alive on JAN 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA RECTUM
ANAL CANAL
Ascending Colon
Posterior Vaginal Wall

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

23. Signature C.R. Townsend (M.D. or other) MD
Address Deepwater Mo. Date signed 1-29-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

112
0

1068

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 1-43-133

Date Filed 2-9-43

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. 2282

P. O. Address. Deepwater, 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.