

REC'D APR 13 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

10852

Do not use this space.

## 1. PLACE OF DEATH

(a) County GREENE Registration District No. 318  
(b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 267  
(c) City SPRINGFIELD (d) Street No. 2211 East Avenue St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

George W. Dudley  
(a) Residence, No. 2211 East Ave. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Dudley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 6 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Worker  
9. Industry or business in which work was done, as saw mill, bank, etc. Furniture Factory  
10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co. Missouri

13. NAME Stephen F. Dudley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Sarah E. Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Frank Hamilton  
2211 East Ave. Sp. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch N.E. of Seymour Mo. DATE March 30, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. C. Thieme  
Springfield

20. FILED Mar 29 1939 Chas. K. George (Address) Springfield  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/27, 1939, to 3/28, 1939

I last saw him alive on 3/28, 1939. Death is said

to have occurred on the date stated above, at 2 P. m.  
The principal cause of death and related causes of importance were as follows:

Ischemic heart disease  
Coronary artery disease  
etc.

Other contributory causes of importance: 46

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify As above

(Signed) A. G. George, M. D.

WRITE PLAINLY, WITH UNWADING HONESTY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....

*Ralph Thorne*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Ralph Thorne*

Licensed Embalmer No. *3681*

P. O. Address *Springfield, 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, above space should be left blank.**