

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

34840

Do not use this space.

1. PLACE OF DEATH
 (a) County JACKSON Registration District No.
 (b) Township Ross Primary Registration District No. Registered No. 3815
 (c) City KANSAS CITY 4 (d) Street No. St. Lukes Hospital 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 yrs. 2 mos. ds. (f) How long in U. S., if of foreign birth yrs. mos. ds.

2. PRINT FULL NAME Boyd Dudley 340
 (a) Residence, No. Gallatin, Mo. St. Gallatin, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1939

7. AGE YEARS 80 MONTHS 3 DAYS 24 LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Attorney

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 1939 11. Total time (years) spent in this occupation 12 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

MOTHER 13. NAME (Unknown) Dudley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

15. MAIDEN NAME Martha Mc Dougall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

17. INFORMANT (ADDRESS) Chas. D. Burdison
Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gallatin, Mo. DATE Oct 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hope Furn. & Undert.
Gallatin, Mo.

20. FILED Oct 2, 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1939 to October 2, 1939
 Last seen in alive on October 19, 1939. Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Atherosclerosis of Coronary Arteries
Coronary thrombosis
Infarction of intraventricular septum
124 B
 Other contributory causes of importance:
Atrophic Cirrhosis of Liver

Date of 1939
~~57~~ 1939
1939

Name of operation Date of
 What test confirmed diagnosis? Electrocardiogram Was there an autopsy? yes

23. If death was due to external causes (violence, fall 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? No.
 If so, specify
 (Signed) P. Bohan, M. D.
 (Address) 315 Alameda Road
Kansas City, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WWW.COURTESY-WITH-EMBROIDERY-INK-THIS-IS-A-PERMANENT-RECORD X-10603

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.....

working under my personal supervision.

Registered Apprentice No.

Signed *L. A. Richesson*

Licensed Embalmer No. *3392*

P. O. Address *Gallatin, M.*

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.