DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 1 1940

Registration District No. 437

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5588

State File No. 25525

Registrar's No. 85

1. PLACE OF DEATH:

(a) County: Johnson

(b) City or town: Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Johnson County Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 weeks (Specify whether years, months or days)

In this community: 3

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Johnson

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

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: David Dudley 340

3. (b) If veteran, name war:

3. (c) Social Security No.: None

4. Sex: M

5. Color or race: Wh.

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Mar. (Month) 15 (Day) 1882 (Year)

8. AGE: Years 58 Months 3 Days 23 If less than one day hr. min.

9. Birthplace: Johnson Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business:

FATHER 12. Name: Lewis Dudley

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

MOTHER 14. Maiden name: Mollie Wheatley

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

16. (a) Informant's own signature: Bessie Dudley

(b) Address: Warrensburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 8 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Sunset Hill

18. (a) Signature of funeral director: W. B. Wilcox

(b) Address: Warrensburg Mo.

19. (a) July 10-1940 (Date received by local registrar) (b) Bertie Denby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1940 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from Jul. 1 Jul. 8, 1940, to Jul. 8, 1940 that I last saw him alive on Jul. 8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	
Due to Chronic Bright's Disease (Interstitial)	
Due to	
Other conditions (Include pregnancy within 3 months of death) 121	

Major findings:
Of operations:
Of autopsy:

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: H. L. Bradley (M. D. or other)

Address: Warrensburg Mo. Date signed: July 8 1940

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39
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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-7-40

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 [signature]

Licensed Embalmer No. 3053

P. O. Address Warrensburg 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.