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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18086

Registration District No. 408 Primary Registration District No. 3020 Registrar's No. 79

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 317 W. 6th St., (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 60 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage, Mo. (If outside city or town limits, write "RURAL") 1

(d) Street No. 317 W. 6th St. (If rural, give location) 3

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Annie Rody Dudman

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Wm. Houston Dudman

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

7. Birth date of deceased March (Month) 15, (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
76	1	22	hr. min.

9. Birthplace Willmington, (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wm. Crouse
13. Birthplace Ohio (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Susan Baker
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Edna Davis

(b) Address 317 W. 6th St., Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-41 (Month) (Day) (Year)

(c) Place: burial or cremation Dudman Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) May 8, 1941 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th, year 1941 hour 2:57 minute A. M.

21. I hereby certify that I attended the deceased from April 18, 1941, to May 1, 1941 that I last saw her alive on May 1st 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	10 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93.11

Major findings:
Of operations No
Of autopsy No

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) No

(b) Date of occurrence None

(c) Where did injury occur? None (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)

8/1/5 While at work? No (e) Means of injury

23. Signature George H. Wood (M. D. or other) M. D.

Address 304 Grant St. Date signed 5/8/41

(Licensed Embalmer's Statement on Reverse Side) Carthage, Mo.

41-6-566

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 John S. Dennehy

Licensed Embalmer No. 4194

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.