No. 2
-9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1942

Registration District No. 218

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 10764

Registrar's No. 251

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 217 West Park
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112 0

(c) City or town Union township 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country x

3. (a) PRINT FULL NAME Charley Dudley

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Jane Dudley

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

7. Birth date of deceased January (Month) - 1 (Day) - 1864 (Year)

8. AGE: Years 78 | Months 2 | Days 28 | If less than one day x hr. x min.

9. Birthplace Webster County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Gabriel Dudley
13. Birthplace Unknown Iowa 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Garner
15. Birthplace Unknown Tennessee 1
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Young
(b) Address 1500 N. Campbell - Springfield, Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Mar. 30 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Copenina

18. (a) Signature of funeral director Rex Laning
(b) Address Marshfield, Missouri

19. (a) 3-30-42 (Date received local registrar) (b) Dr. W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 29 year 1942 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from 3/17/42, 19__, to 3/27/42, 19__ that I last saw him alive on 3/17/42, 19__ and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Following Influenza

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 108

Of autopsy

Duration

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 0

23. Signature P. E. Allder (M. D. or other)

Address Springfield Date signed 3/30/42

984

(Licensed Embalmer's Statement on Reverse Side)

APR 16 1949

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 [illegible]

Licensed Embalmer No. 3312

P. O. Address Marshfield, Missou

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

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

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo
County of Greene } ss.

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 13th day of April, 1942, before me appears John Dudley, who, upon his oath, states that the original record of ~~birth~~ death for Charlie Dudley ~~born~~ died Mar. 29 —, 1942 in the State of Missouri, and which was filed at on, 19, should be corrected as follows:

Item No. 7 should read Jan-1-1864
Instead of Jan 1 1861

Item No. 8 should read 78 yrs
Instead of 81 yrs

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant × John Dudley son
Relationship.

Niangua, Missouri.
Present Address.

Subscribed and sworn to before me this 13th day of April, 1942

My Commission expires Aug. 22, 1943 L. A. Hudson Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
M 9-4-41
I X29483

S-10764 1942