

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED DEC 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37383

State File No. _____

Registration District No. 201

Primary Registration District No. 6036

Registrar's No. 1874

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

91
0
0

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Rural Doniphan Mo
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Miles West of Doniphan
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mattie Sue Dudley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased April 24 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 3 hr. min.

9. Birthplace Ripley Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name George Jackson Dudley

13. Birthplace Ripley Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Alma Mae Butts

15. Birthplace Ripley Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Jackson Dudley
(b) Address Doniphan, Mo.

17. (a) Burial (b) Date thereof 11/27/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wt. Olive Chapel Co.

18. (a) Signature of funeral director [Signature]

(b) Address Doniphan, Mo.

19. (a) 11/27/42 (b) E. B. Johnston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day November
year 1942 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from II / 19 / 19 42 to II / 25 / 19 42
that I last saw her alive on II / 25 / 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Bronchitis & Colitis

Due to _____

Other conditions 1/19a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 [Signature] (M. D. or D. O.)
Address Doniphan, Mo. Date signed 11-27-42

Duration

I Wk.

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5

District File Number 12421059

Date Filed 12-14-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.