

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 15 1943

Registration District No. /

Primary Registration District No. 5032

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Audrain  
(b) City or town Rual, Linn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.F.D. #1, Rush Hill /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 38 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain  
(c) City or town Rual (If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. #1, Rush Hill (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME James Thomas Dudley

3. (b) If veteran, None name war.....  
3. (c) Social Security None No. ....

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife O'Neal Dudley 6. (c) Age of husband or wife if alive 38 years  
7. Birth date of deceased June 1, 1868  
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 10  
If less than one day hr. .... min.

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

10. Usual occupation Farmer

11. Industry or business .....

12. Name Ritcil Dudley  
13. Birthplace Va. (City, town, or county) (State or foreign country)  
14. Maiden name Julia Jones  
15. Birthplace Va. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs O'Neal Dudley  
(b) Address R.F.D. #1, Rush Hill, Mo.

17. (a) Burial (b) Date thereof Dec. 13, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bachelor, Mo  
18. (a) Signature of funeral director Paul E. ...  
(b) Address Mexico, Mo.

19. (a) See 19th 42 (b) Mary C. Jacobs  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11  
year 1942 hour 9 minute A M.

21. I hereby certify that I attended the deceased from Nov. 1  
1942 to Dec 11, 1942  
that I last saw him alive on Dec 11, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder 1 Yr  
Due to Carcinoma of Prostate 3 yr

Other conditions acute proleptis and acute crstitis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....  
518

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 RTB Baize (M. D. or other) 00  
Address La Donna, Mo. Date signed 12/14/42

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

400

RECEIVED

District Health Officer No. 10

District File Number 1-43-126

Date Filed Jan-17-1943

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.....

Earl E. Precht , Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P.O. Address Mexico, 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, fact should be so stated above.