S. No. 2
I—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19395

State File No.

FILED JUN 14 1944

Registration District No. 7

Primary Registration District No. 6868

Registrar's No. 36

1. PLACE OF DEATH:
(a) County: Webster
(b) City or town: Rural - Niangua township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: x
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether years, months or days)
In this community 75 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Webster
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Niangua township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: John Sigel Dudley
3. (b) If veteran, name war: x
3. (c) Social Security No.: x
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Melissa Ann
6. (c) Age of husband or wife if alive: 74 years
7. Birth date of deceased: December (Month) - 12 (Day) - 1852 (Year)

8. AGE: Years 81 | Months 5 | Days 14 | If less than one day: x hr. x min.

9. Birthplace: Iowa (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 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Garner
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Burley Yenbanks (daughter)
(b) Address: Niangua, Missouri.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5-28-44 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Coopering
18. (a) Signature of funeral director: Cal Fairey
(b) Address: Marshfield, Mo.
19. (a) June 6-44 (Date received local registrar) (b) Charlotte Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1944 hour 10 minute p.m.
21. I hereby certify that I attended the deceased from May 1, 1944 to May 26, 1944 that I last saw him alive on ..., 19.... and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis Toxic Pneumonia fever

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
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
23. Signature: W. F. Schwick M.D.
Address: Niangua Date May 27 1944

134K

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 644-722
Date Filed JUN 10 1944

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 Alex Tainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.