

FILED OCT 27 1945 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 802

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1502 Washington 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 31  
(c) City or town Springfield Mo 21  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1502 Washington 1 (If rural, give location)  
(e) Citizen of foreign country? X (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME JERRY LEE DUDLEY

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Aug - 4 - 1945  
(Month) (Day) (Year)

8. AGE: Years X 0 Months 2 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Springfield Mo Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

MOTHER FATHER  
11. Industry or business X  
12. Name Floyd Dudley  
13. Birthplace Webster Co. Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Mertie Bodine  
15. Birthplace Webster County MA  
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Dudley

(b) Address 1502 Washington Springfield Mo

17. (a) Burial (b) Date thereof 10-9-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cremation

18. (a) Signature of funeral director Rev. [Signature]  
(b) Address Springfield, Mo.

19. (a) 10-9-45 (b) J. W. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 8  
year 1945 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from 9-4-45 19. to 10-8-45 19.  
that I last saw him alive on 10-8-45 19.  
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (about 6 1/2 mo)  
Duration \_\_\_\_\_

Due to Feeding Problem

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 157

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? \_\_\_\_\_

(e) While at work? X (Specify type of place) (f) Means of injury 61

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Springfield, Mo. Date signed 10-9-45

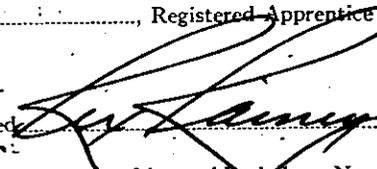
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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. 3312 .....

P. O. Address Marquette, 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.**