

S. No. 2  
M-8-43  
7-5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL RECORDS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12336

State File No. ....

**FILED MAY 9 1946**

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 147

1. PLACE OF DEATH

(a) County Butler

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

(c) Name of hospital or institution: Poplar Bluff Hospital 0  
(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 Stoddard <sup>103</sup>

(c) City or town Puxico Rural <sup>0</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) <sup>1</sup>

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elias Fudge

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14  
year 1946 hour 6 minute 30 P.M.

4. Sex Male 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 March 8 1885  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-14, 1946, to 4-14, 1946;  
that I last saw him alive on 4-14, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage <sup>1 day</sup>

8. AGE: Years 61 Months 1 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Unknown

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

9. Birthplace Williamsville Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

11. Industry or business \_\_\_\_\_

12. Name Richard Fudge

13. Birthplace England  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Curtis

15. Birthplace England  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 830

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Carrie Franklin

(b) Address Puxico Mo

17. (a) Burial (b) Date thereof Apr 16 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Hill

18. (a) Signature of funeral director Gloyd Morgan

(b) Address Puxico Mo

19. (a) 5/4/46 (b) E. M. Murrell  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature J. W. Fongda (M. D. 1946)  
Address Poplar Bluff, Mo Date signed 5-2-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
11245  
2  
7  
3

RECEIVED

District Health Office No. 2,

District File Number 546-602

Date Filed 5-8-46

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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..... Lloyd S Morgan

Licensed Embalmer No. 6631

P. O. Address..... Advance 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.**