DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41749

X37823

FILED JAN 7 1947

Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 2872

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

1. PLACE OF DEATH:

(a) County Ripley

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

(c) Name of hospital or institution: Williams 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 2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley 91

(c) City or town Doniphan 1 (If outside city or town limits, write "RURAL")

(d) Street No. ..... 0 (If rural, give location)

(e) Citizen of foreign country? - NO - (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME James Carl Dudley

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

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

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Dec. (Month) 6 (Day) 1946 (Year)

8. AGE: Years — Months — Days 2 If less than one day ..... hr. ..... min.

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

10. Usual occupation Infant

11. Industry or business .....

FATHER
12. Name Charles Lindsey Dudley
13. Birthplace Doniphan, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ila May Shickles
15. Birthplace Oxly (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Charles Lindsey Dudley

(b) Address R.F.D. #7 Doniphan, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-46 (Month) (Day) (Year)

(c) Place: burial or cremation Lone Star Cemetery

18. (a) Signature of funeral director Black Edwards

(b) Address Doniphan, MO.

19. (a) 12-28-46 (Date received local registrar) (b) C B Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec. day 8 year 1946 hour ..... minute 8 A.M.

21. I hereby certify that I attended the deceased from December 6, 1946, to December 8, 1946 that I last saw him alive on 8:00 A.M. 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lung hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

16 P

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 0

23. Signature J E Williams MD (M. D. or other)

Address Doniphan, MO. Date signed 12-12-46

277 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Not embalmed by me, ~~or by~~ _____, Registered Apprentice No. _____, working under my personal supervision.

Not embalmed

Signed L. Paljean Adamson

Licensed Embalmer No. 4351

P. O. Address Doniphan, 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.