

No. 300
-10-47
5-17-39
PI 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

25824

FILED SEP 1 1948

State File No.

Registration District No. 2

Primary Registration District No. 5308

Registrar's No. 110

1. PLACE OF DEATH:

(a) County COOPER

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

(c) Name of hospital or institution:
HIGHWAY 40 - 15 MILES W. OF BOONVILLE
(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 ILLINOIS (b) County COOK 999

(c) City or town CHICAGO 11
(If outside city or town limits, write "RURAL")

(d) Street No. 747 OAKWOOD AVE. 0
(If rural, give location) 2

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE LEE DUDLEY

3. (b) If veteran, name war NONE

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 19th
year 1948 hour 10:30 minute 0 M.

21. I hereby certify that I attended the deceased from NEVER SEEN ALIVE to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased AUGUST 4 - 1888
(Month) (Day) (Year)

Immediate cause of death

Crushed skull
Crushed chest

Due to FRACTURES OF BOTH LEGS

Due to Fractures of both arms

Other conditions None
(Includes pregnancy within 5 months of death)

Major findings:
Of operations _____

Of autopsy None

Duration _____

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

8. AGE: Years Months Days If less than one day

60 0 15 hr. _____ min.

9. Birthplace WEST PLAINS NEW YORK
(City, town, or county) (State or foreign country)

10. Usual occupation PRESSER

11. Industry or business CLEANING SHOP

12. Name GEORGE LEE DUDLEY

13. Birthplace WEST PLAINS NEW YORK
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant MRS VERNEICE WATSON

(b) Address KANSAS CITY - KANSAS

17. (a) REMOVAL (b) Date thereof 8/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation KANSAS CITY - KAN.

18. (a) Signature of funeral director STEGNER

(b) Address BOONVILLE

19. (a) 8-21-48 (b) De Cooper
(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) Accident

(b) Date of occurrence Aug. 19-1948 27

(c) Where did injury occur? Highway 40 Cooper Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
U.S. Highway 40

While at work _____ (Specify type of place)
(e) Means of injury Auto

23. Signature Miss G. Hooley Meacham
K.M. D. or other

Address Boonville Mo Date signed 8-20-48

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

7
0
0

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-31-48

MAY 3 1949

OCT 30 1948

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.