

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 40056

Registration District No. 441

Primary Registration District No. 4259

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Knox  
(b) City or town Edina Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 35 yrs  
years, months or days

3. (a) PRINT FULL NAME Catherine Ellen Mudd

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Dan H. Mudd 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased May 25 1862  
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lebanon Ky.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

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

MOTHER FATHER { 12. Name John Spalding

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

14. Maiden name Mary Roberts

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

16. (a) Informant's own signature Prudence Mudd

(b) Address Edina Mo.

17. (a) burial (b) Date thereof Nov 22 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Cemetery

18. (a) Signature of funeral director Paul Knechtbauer

(b) Address Edina Missouri

19. (a) Nov 22 1939 (b) Mrs. C. M. Smith  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Knox

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21  
year 1939 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 19  
1939, to Nov. 21, 1939.

that I last saw her alive on Nov. 20, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

Duration

6 months

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

Due to 92%

Other conditions (Include pregnancy within 8 months of death) \_\_\_\_\_

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

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Prof. Luman (M. D. or other) \_\_\_\_\_

Address Edina Mo. Date signed Nov 22

WHILE FLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 12-29-2039

Date Filed **DEC 5 1939**

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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..... *Paul C. Krieghauser*

Licensed Embalmer No. *4085*

P. O. Address..... *Edina 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, above space should be left blank.**