

FILED  
No. 2  
-11-10-39  
5-17-39  
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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15470

State File No. \_\_\_\_\_

Registration District No. 548.

Primary Registration District No. 4323

Registrar's No. 24.

4  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Monroe  
(b) City or town Palmira  
(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 1 month years, months or days

3. (a) PRINT FULL NAME Nancy ANN Mudd<sup>POO</sup>

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 Charles Mudd 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct 11 1867 (Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Chester (City, town, or county) Ill. (State or foreign country)

10. Usual occupation at Home

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

MOTHER FATHER { 12. Name William Walter Burch  
13. Birthplace Kentucky (City, town, or county) (State or foreign country)  
14. Maiden name Lucy Ellen Hagan  
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Randall Mudd  
(b) Address Monroe City Mo

17. (a) Removal (b) Date thereof Apr 11 1940 (Month) (Day) (Year)  
(c) Place: burial or cremation Holy Rosary

18. (a) Signature of funeral director WILSON TSON  
(b) Address MONROE CITY MO

19. (a) Apr 11 1940 (b) Kentucky (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MONROE  
(c) City or town Rural, Monroe City (If outside city or town limits, write "RURAL")  
(d) Street No. Rural, Monroe Township (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1940 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from Apr 6 1940 to Apr 10 1940 that I last saw her alive on Apr 10 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to 87 W  
Other conditions \_\_\_\_\_ (include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? 4800  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W J A Hall M D (M. D. or other) 1  
Address Palmira, Mo Date signed 4/12/40

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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 Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.**