FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17963
Do not use this space.

1. PLACE OF DEATH
(a) County Holt — Registration District No. 372
(b) Township — Primary Registration District No. 4218 — Registered No. 1083
(c) or City Mound City — (d) Street No. 1 — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Abraham Judy — Social Security No. 487-14-5135
(a) Residence, No. Mound City Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Annie Judy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 3rd, 1870

7. AGE: YEARS 71 — MONTHS 4 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Grocery Clerk
9. Industry or business in which work was done, as saw mill, bank, etc.: Grocery Store
10. Date deceased last worked at this occupation (month and year): April 18th 1940
11. Total time (years) spent in this occupation: 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Page Co. Virginia.

FATHER
13. NAME: Andrew J. Judy.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Page Co. Virg.

MOTHER
15. MAIDEN NAME: Elizabeth Judy.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indania.

17. INFORMANT (ADDRESS): Mrs Annie Judy. Mound City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: New Liberty Cemetry. DATE: 5/23/41

19. FUNERAL DIRECTOR (NAME) (ADDRESS): W. H. Crawford Mound City Mo.

20. FILED May 23 1941 — J. Tracy — Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 20th, 1941

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1940 to May 20, 1941
I last saw him alive on May 10, 1941. Death is said to have occurred on the date stated above, at 1 a m.
The principal cause of death and related causes of importance were as follows:
Coronary Occlusion — Date of onset
94 V

Other contributory causes of importance:
Arteriosclerosis and Cerebral hemorrhage

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) L. E. Hogan, M. D.
(Address) Mound City Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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 W H Crawford

Licensed Embalmer No. 1824

P. O. Address Mound City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.