

FILLED OCT 21 1941

Registration District No. 219

Primary Registration District No. 5152

Registrar's No. 3

1. PLACE OF DEATH:

(a) County. Callaway  
 (b) City or town. Cedar City Park & District  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
no Street no 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community. 1 month

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Callaway  
 (c) City or town. Cedar City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. no Street no  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Margaret A. 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 widow

6. (b) Name of husband or wife John N. Mudd 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 26 1844  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
97 7 16 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace. Monroe County, Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation. Housework

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

12. Name. Not Known

13. Birthplace. \_\_\_\_\_ 9  
(City, town, or country) (State or foreign country)

14. Maiden name. Not Known

15. Birthplace. \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Goff

(b) Address. Cedar City, Missouri

17. (a) Burial (b) Date thereof Sept-14-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Shirley G. Gordon

(b) Address. Jefferson City, Missouri

19. (a) 9-12-41 (b) Registrar's signature  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 11  
 year 41 hour about 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from 8/28/41 19\_\_\_\_ to 9/11/41 19\_\_\_\_;  
 that I last saw him alive on 9/11/41 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death. Pneumonia hyperstatica

Due to Fractures of Rt. Femur

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

Other conditions (include pregnancy within 3 months of death) 186a

Major findings: Of operations \_\_\_\_\_ Of autopsy 18

Duration

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 Accident

(b) Date of occurrence 8/28/41

(c) Where did injury occur? per home - Cedar City Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
home (Specify type of place)

While at work? No (e) Means of injury road

23. Signature Blair G. Baker (M. D. or other) MD

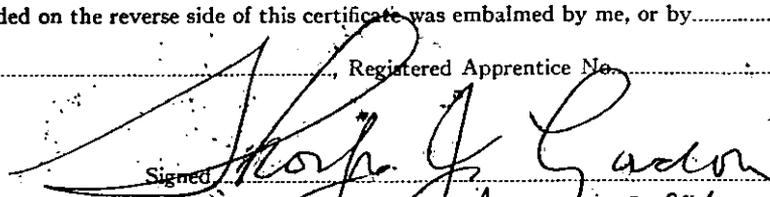
Address Jefferson City Mo Date signed 9/12/41

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

**STATEMENT BY LICENSED EMBALMER**

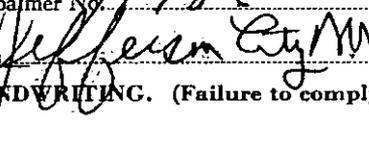
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed



Licensed Embalmer No. 986

P. O. Address



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

**If this body is not embalmed, fact should be so stated above.**