

DEC 13 1941 461

Registration District No. _____

Primary Registration District No. **3024**

Registrar's No. **75**

1. PLACE OF DEATH:

(a) County **Lafayette**
(b) City or town **Luxington**
(c) Name of hospital or institution: **city 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **20 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Lafayette 54**
(c) City or town **Luxington 3**
(If outside city or town limits, write "RURAL")
(d) Street No. **10th St. 3**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME **EMMA JUDEE**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Stephen Judee** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 1 - 1964**
(Month) (Day) (Year)

8. AGE: Years **77** Months **7** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Augusta Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **18**
year **1941** hour **11** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Oct 25**, 19**41**, to **Nov 18**, 19**41**, that I last saw h **W** alive on **Nov 18**, 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary failure**

Due to **Chronic Myocarditis - arteriosclerosis**

Due to _____
Other conditions **Myocard. failure**
(Include pregnancy within 3 months of death)

Major findings: Of operations **131b**
Of autopsy _____

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? _____

18. (a) Signature of funeral director **Winkler**
(b) Address **Luxington, MO**
(c) Date received local registrar **12/8/41** (b) **Delia Bates** (Registrar's signature)
23. Signature **Winkler** (M. D. or other) **D**
Address **Luxington MO** Date signed **12/8/41**

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

MOTHER FATHER

12. Name **Wm Kruel**
13. Birthplace **St. Charles Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **not known**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)
16. (a) Informant **Julius Judee**
(b) Address **Waterloo MO**
17. (a) **Burial** (b) Date thereof **11-20-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Luxington MO**
18. (a) Signature of funeral director **Winkler**
(b) Address **Luxington, MO**
19. (a) **12/8/41** (b) **Delia Bates** (Registrar's signature)
(Date received local registrar)

Ryland

DEC 11

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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 *Garret J. Gumpel*
Licensed Embalmer No. *3275*
P. O. Address *Livingston*

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.