

JAN 9 1942

Registration District No. 272

Primary Registration District No. 4165

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava
(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
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Ava
(d) Street No.
(e) Citizen of foreign country?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28
year 1941 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 1940 to Nov 1941
that I last saw her alive on Nov 27 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic nephritis

Duration at least 24 hr

Due to
Due to

Other conditions: arterio sclerosis
(Include pregnancy within 3 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature R. M. Harmon (M. D. or other)
Address Ava Mo Date signed Nov 29/41

3. (a) PRINT FULL NAME Martha Clementine Dobey Judd

3. (b) If veteran, name war
3. (c) Social Security No. None

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

6. (b) Name of husband or wife Brush Judd 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased January 11, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 10 11 hr. min.

9. Birthplace Big Beaver, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Clark Dobey

13. Birthplace Lexington, N. C.
(City, town, or county) (State or foreign country)

14. Maiden name Kathern Rush

15. Birthplace N. C.
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin D. Judd

(b) Address Chanute Field, Illinois

17. (a) Burial (b) Date thereof 11-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seymour, Missouri

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) (Date received local registrar) (b) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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 MLB

....., Registered Apprentice No.
working under my personal supervision.

Signed W. B. Hutchinson

Licensed Embalmer No. 3431

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41 742

Registration District No. 272

Primary Registration District No. 4165

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Anna
(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 _____
years, months or days)

3. (a) PRINT FULL NAME Martha C. D. Judd

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 m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 11 1885
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 17 (If less than one day _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 12-30-41 (b) Thelma S. Tates
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day _____
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____
that I last saw him/her alive on _____ 19 _____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 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 _____ (M. D. or other)
Address _____ Date signed _____

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

SUPPLEMENTARY

S-41742