

Registration District No. 137

FILED SEP 11 1942

Primary Registration District No. 55317

Registrar's No. 55

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

1. PLACE OF DEATH:
 (a) County Holt
 (b) City or town Rural Liberty Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 70Yrs 8Mo. 20 Days. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Holt.
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Flora Elizabeth Judy.
 3. (b) If veteran, name war
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 20th.
 year 1942 hour 1 O'clock minute 15 AM.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Frank Judy 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased: Dec 25th, 1871
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 18 1942 to Aug 30 1942
 that I last saw her alive on Aug 19 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 8 Days 20 If less than one day hr. min.

Immediate cause of death: Cerebral hemorrhage
 Due to arterio sclerosis

9. Birthplace Mound City, Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife.

Due to g32
 Other conditions (include pregnancy within 3 months of death)

11. Industry or business
 12. Name Henry Walker.
 13. Birthplace Germany.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary E. Mann.
Ohio.
 15. Birthplace Ohio.
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: Of operations
 Of autopsy
 Underline the cause to which death should be charged statistically.

16. (a) Informant Frank Judy.
 (b) Address Mound City, Mo.
 17. (a) Burial. (b) Date thereof 8/22/42.
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Liberty Cemetery.
 18. (a) Signature of funeral director M. Sanford
 (b) Address Mound City, Mo.
 19. (a) 8-22-42 (b) Pauline Lawson
 (Date received local registrar) (Registrar's signature)

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 0
 23. Signature F. E. Hogan (M. D. or other)
 Address Mound City Date signed 8-22-42

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.....

A. 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 comply with the above constitutes grounds for revocation of license.)

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