

FILED OCT 9 1942

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 190

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McCune Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 15 years 6mo. 0 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Lamar Mo. R.R.2
(If outside city or town limits, write "RURAL")

(d) Street No. 8 Mile N. West Of Jasper Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Doris Jean Budd

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / Color or race White

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Melvin Budd

6. (c) Age of husband or wife if alive 17 years

7. Birth date of deceased March 2 1927
(Month) (Day) (Year)

8. AGE: Years 15 Months 6 Days 0

If less than one day _____ hr. _____ min.

9. Birthplace Barton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business Housekeeping

MOTHER FATHER { 12. Name John Baston

13. Birthplace Newton County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Myrtle Williams

15. Birthplace Barton County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John Baston

(b) Address Lamar Missouri

17. (a) Burial (b) Date thereof Sept. 4-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Killee Cemetery

18. (a) Signature of funeral director Chas. J. Teeter

(b) Address Jasper, Mo.

19. (a) Sept. 4, 1942 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day September
year 1942 hour 1:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from August 29th 1942 to September 2nd 1942
that I last saw her alive on September 2nd 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis Equine Duration 5 days

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: 2 months pregnant

Of operations None

Of autopsy No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? No (Specify type of place) (e) Means of injury 2

23. Signature George H. Wood (M. D. or other) H. D.

Address 304 Grant St. Date signed 9/3/42

JUL 7 1947

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 *Phas J Teeter*

Licensed Embalmer No. *2566*

P. O. Address *Jasper 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.