

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
In Ambulance Enroute to 3 Mo. Meth. Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 48 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1302 South 10th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clayton O. Judson

3. (b) If veteran, name war World War #1 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth M 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Jan 16 1888
(Month) (Day) (Year)

8. AGE: Years 54 Months 8 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation City Engineer

11. Industry or business

MOTHER FATHER { 12. Name William W Judson
13. Birthplace Geneva New York
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Jane Cozine
15. Birthplace Geneva New York
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth M. Judson
(b) Address 1302 South 10th

17. (a) Burial (b) Date thereof Oct 10 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph Missouri

19. (a) 10-10-42 (b) W. H. Helvey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1942 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from 10-7 1942 to 10-7 1942
that I last saw him alive on 10-7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Indigestion
Complicated by
heart

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 11813
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? _____

(Specify type of place)
While at work? _____ (e) Means of injury DO

23. Signature W. H. Helvey (M. D. or other) DO
Address 772 Logan St Date signed 10/9/42

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

11
1
7

NOV 17 194

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 _____

Robert H. Yapple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.