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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11487

State File No.

FILED MAR 24 1943

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 602

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Feb.4,1943 (Specify whether
In this community since Feb.4, 1943.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 69

(a) State Missouri (b) County 1

(c) City or town Monroe City 0
(If outside city or town limits, write "RURAL")

(d) Street No. 112 East Cleveland Ave.,
(If rural, give location)

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

If yes, name country - 1

3. (a) PRINT FULL NAME James E. Mudd

3. (b) If veteran, name war Philippine Insurr.

3. (c) Social Security No. none.

4. Sex male

5. Color or race white 0

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of ~~husband or~~ wife Sarah

6. (c) Age of ~~husband or~~ wife if alive 56 years

7. Birth date of deceased March (Month) 2, (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	0	10	hr. min. 0

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

10. Usual occupation Proprietor

11. Industry or business Grocery Store

FATHER
12. Name Patrick Mudd
13. Birthplace (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name Hattie Mudd (maiden name)
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant M. Schelling
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof MARCH 13-43 (Month) (Day) (Year)
(c) Place: burial or cremation MONROE CITY Mo

18. (a) Signature of funeral director C. Hoffmeister U.L.C.
(b) Address 7814 S. Broadway

19. (a) MAR 15 1943 (Date received local registrar) (b) E. J. McGarran M.D. (Registrar's signature) EB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th, year 1943 hour 2:10 minute P. M.

21. I hereby certify that I attended the deceased from February 4, 1943, to March 12, 1943; that I last saw him alive on March 12, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis with thrombosis and hemiplegia, left.

Due to -

Due to -

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

Major findings:
Of operations -

Of autopsy No autopsy.

Duration: Unknown

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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) no

(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

23. Signature L. M. SOCHRAN, M.D., (M. D. or other)
Address Chief Medical Officer Date signed 3/12/43

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(Licensed Embalmer's Statement on Reverse Side)

FEB 27 1948

JUL 14 1953

MAR 24 1943

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 Linus C. Hoffmeister Registered Apprentice No. ....., working under my personal supervision.

or

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.