

1. No. 2  
1-542  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29061

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: PIKE

(a) County PIKE

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

(c) Name of hospital or institution: PIKE COUNTY HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PIKE <sup>82</sup>

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

(d) Street No. 1109 DOUGHERTY PIKE (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_ 1

3. (a) PRINT FULL NAME IRA ARRY MUDD

3. (b) If veteran, name war W

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24  
year 1943 hour 8 minute 30 AM.

21. I hereby certify that I attended the deceased from 7-1-43 to 8-24-43

4. Sex MALE 5. Color or race COLORED

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased MARCH 20 1900  
(Month) (Day) (Year)

that I last saw him alive on 8-24-43 and that death occurred on the date and hour stated above.

8. AGE: Years 43 Months 5 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary Failure

Due to Chronic Thyroiditis

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

Due to \_\_\_\_\_

10. Usual occupation Janitor

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

11. Industry or business SCHOOL

Major findings: None

12. Name JOHN MUDD

Of operations None

13. Birthplace PIKE Co. Mo. (City, town, or county) (State or foreign country)

Of autopsy None

14. Maiden name EVA MALLORY

15. Birthplace PIKE Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant MRS EVA MUDD (mother)

(b) Address LOUISIANA MO.

17. (a) BURIAL (b) Date thereof 8-26-43 (Month) (Day) (Year)

(c) Place: burial or cremation RIVERVIEW

18. (a) Signature of funeral director [Signature]

(b) Address Louisiana Mo.

19. (a) 8-25-43 (b) [Signature] (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) None

(b) Date of occurrence \_\_\_\_\_

(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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. \_\_\_\_\_)

Address Louisiana Mo. Date signed 8-25-43

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

MOTHER FATHER

1169

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 9-43-1478

Date Filed SEP 9 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.....

.....  
working under my personal supervision.

*George O. Wagner*

....., Registered Apprentice No.....

Signed *George O. Wagner*.....

Licensed Embalmer No. *3773*.....

P. O. Address *Levensiana, 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.