

REGISTRATION DISTRICT NO. **297**

PRIMARY REGISTRATION DISTRICT NO. **6022**

REGISTRAR'S NO. **61**

1. PLACE OF DEATH:

(a) County **Ray**
(b) City or town **Richmond Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Richmond Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray**
(c) City or town **Richmond Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Two Miles South Of Richmond**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Elva Grace Judd**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Alva Judd** 6. (c) Age of husband or wife if alive **45** years
7. Birth date of deceased **Mar. 25, 1894**
(Month) (Day) (Year)

8. AGE: Years **45** Months **6** Days **1** If less than one day hr. min.

9. Birthplace **Fristo - Benton Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

12. Name **Jacob Davis**
13. Birthplace **Unknown** **Via.**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown** **Medon**
15. Birthplace **Unknown** **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Alva Judd**
(b) Address **Richmond Mo.**

17. (a) **Burial** (b) Date thereof **Sept. 27, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Richmond Mo.**

18. (a) Signature of funeral director **E. Thoman**
(b) Address **Richmond Mo.**

19. (a) **9/27/43** (b) **Mrs. Chas. W. Shipp**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **26** year **1943** hour **12** minute **35** A. M.

21. I hereby certify that I attended the deceased from **Sept 25-1943** to **Sept 26-1943** that I last saw her alive on **Sept 26-1943** and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Pneumonia Infection
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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) (c) Means of injury _____
23. Signature **J. E. Jacy** (M. D. or other)
Address **Richmond Mo.** Date signed **9/28/43**

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

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OCT 14 1943

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RECEIVED

District Health Officer No. 8,

Health Officer

File

10-13-43

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, ~~###~~

Registered Apprentice No.

working under my personal supervision.

Signed

E. J. Hurman

Licensed Embalmer No. 2073

P. O. Address. Richmond 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. act
Registrar's No. 61

Registration District No. 297 Primary Registration District No. 6022

1. PLACE OF DEATH:

(a) County... Ray Rural Richmond Sup
(b) City or town...
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... (Specify whether
In this community... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Elva Grace Judd
3. (b) If veteran, name war... 3. (c) Social Security No.

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased mar 20 1881
(Month) (Day) (Year)

8. AGE: Years 49 Months 6 Days (Unless than one day) min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19 ;
that I last saw him alive on 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary Tuberculosis *Duration*

Pneumonia
Due to

Infection
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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?

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

23. Signature E. G. Judd (M. D. or other)

Address 79 Richmond Date signed 10-15-43

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

SUPPLEMENTARY

32375