

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43179
State File No.

FILED DEC 30 1943

Registration District No. 247

Primary Registration District No. 4366

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Granby
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME R. Lester Judd

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hattie Judd 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased January 30 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 9 5 hr. _____ min.

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

10. Usual occupation Preacher

11. Industry or business _____

12. Name Wm J. Judd

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

14. Maiden name Anna Hanson

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

16. (a) Informant Mrs. Hattie Judd

(b) Address Granby, Missouri

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

(c) Place: burial or cremation Newtonia, I.O.O.F

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

(b) Address Cashville, Missouri

19. (a) Nov. 23-43 (Date received local registrar) (b) Lulu Norwood (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5
year 1943 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from Oct 24 1943 to Nov 1 1943
that I last saw him alive on Nov 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic tubular degeneration at the kidneys.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1316
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?

23. Signature Charles O. Chestnut (Specify type of place) (e) Means of injury _____
Address Granby Mo. Date signed 11/15/43

Duration 6 MO
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1149

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-15-43
District Health Officer No. _____
District File Number 1243-231
Date filed 12-20-43

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, or by.....

Margaret Culver....., Registered Apprentice No. *357*
working under my personal supervision.

Signed *J. E. Culver*.....

Licensed Embalmer No. *3584*.....

P. O. Address *Cadaville, 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.