

Registration District No. 82-

Primary Registration District No. 4144

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution Pilot Grove 1 Mo  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days) 8 7 years

In this community 8 7 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Pilot Grove  
(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 Olva Vardarmun Judy

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25  
year 1944 hour 10 minute 7 M.

21. I hereby certify that I attended the deceased from 1-25-1944 to 1-23-1944  
that I last saw him alive on 1-23-1944  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W.

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

6. (b) Name of husband or wife  Cecilia Judy

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

7. Birth date of deceased Feb 15 1861  
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis

Due to 930

Due to .....

8. AGE: 87 Years 11 Months 23 Days ✓ If less than one day hr. min.

Other conditions Hypertrophy of prostate  
(Include pregnancy within 6 months of death) 4 yrs

Major findings: Kidney infection

Of operations .....

Of autopsy .....

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

10. Usual occupation Mail Carrier

11. Industry or business Same

12. Name J. V. Judy

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

14. Maiden name unknown

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

16. (a) Informant F. H. Judy

(b) Address Pilot Grove, Mo

17. (a) Burial (b) Date thereof 1-27-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove, Mo

18. (a) Signature of funeral director Hayes + Partee

(b) Address Pilot Grove, Mo

19. (a) JAN 26 44 (b) D. Y. Chas. Swap  
(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) .....

(b) Date of occurrence .....

(c) Where did injury occur? .....

(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 J. O. Boley (M. D. or other) .....

Address Pilot Grove Date signed 1-26-44

Duration	PHYSICIAN
<u>2 yrs</u>	—
<u>4 yrs</u>	—

Underline the cause to which death should be charged statistically.

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

MAR 23 1944

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-3-44

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 *Rayton E. Davis*.....

Licensed Embalmer No. 3074.....

P. O. Address *Plot Grove, Md*.....

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.