

FILED FEB 9 1944

Registration District No. 291

Primary Registration District No. 4433

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Putnam  
(b) City or town Ymonsville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Monroe Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days (Specify whether  
In this community 5 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sullivan  
(c) City or town Newtown (Rural)  
(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 WILLIAM HARVEY JUDD

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

4. Sex male 5. Color or Race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Isa Judd 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased March 11 1885 (Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Veterinary Veterinarian

11. Industry or business Farming

12. Name Joseph Judd

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

14. Maiden name Margaret Henry

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

16. (a) Informant J. Howard Judd

(b) Address Newtown Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 4 - 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Center Home Co

18. (a) Signature of funeral director Judd + Payne

(b) Address Newtown Mo

19. (a) 1/29/44 (Date received local registrar) (b) [Signature] (Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2 year 1944 hour 5 minute 35 A.M.

21. I hereby certify that I attended the deceased from Dec 26 1943 to Jan 2 1944  
that I last saw him alive on Jan 1 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Due to Chronic glomerular nephritis  
Due to 1318

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) (b) Means of injury 2

23. Signature L. W. McDonald (M. D. or other) DO

Address Powersville, Mo Date signed 1/29/44

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 2-44-361

Date Filed FEB 8 1944

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 P. K. Payne, Jr.

Licensed Embalmer No. 3400

P. O. Address East

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.