. S. No. 2
M—8-43
v. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 5 1944

Registration District No. 2

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30526

Primary Registration District No. 1 00

Registrar's No. 563

1. PLACE OF DEATH:

(a) County: Buchanan

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

(c) Name of hospital or institution: 2109 Messanie St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 14 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St Joseph
(If outside city or town limits, write "RURAL")

(d) Street No.: 2109 Messanie St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Daniel Thomas 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: Widowed

6. (b) Name of husband or wife: Mettie Gibbony

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

7. Birth date of deceased: Feb (Month) 2 (Day) 1864 (Year)

8. AGE: Years 80 Months 7 Days 22 If less than one day hr. min.

9. Birthplace: Russell Co. (City, town, or county) Ky (State or foreign country)

10. Usual occupation: Retired Farmer (14 yrs)

11. Industry or business:

FATHER
12. Name: Daniel Thomas
13. Birthplace: (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name: Mary
15. Birthplace: (City, town, or county) Ky (State or foreign country)

16. (a) Informant: Mrs C. E. Poe
(b) Address: St Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-27-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Albany Mo.

18. (a) Signature of funeral director: Freeman & Son Inc
(b) Address: St Joseph Mo.

19. (a) 9/27/44 (Date received local registrar) (b) Felix J. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24 year 1944 hour 1 minute 15 P M.

21. I hereby certify that I attended the deceased from Jan 1, 1944, to Sept 24, 1944; that I last saw him alive on Sept 24, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Auricular fibrillation	Fmo.
Due to	
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) no
(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: K. W. Kearby (M. D. or coroner)
Address: St. Joseph Date signed 9-26-44

1877

(Licensed Embalmer's Statement on Reverse Side)

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 Robert L. Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.