

Registration District No. 251

Primary Registration District No. 5852

Registrar's No. 187

1. PLACE OF DEATH: Modaway

(a) County Modaway

(b) City or town RURAL - JACKSON TWP
(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 1
(Specify whether years, months or days)

In this community 53-4-0
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Modaway 74

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

(d) Street No. 3 Miles east of Tavenwood
(If rural, give location)

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

If yes, name country U

3. (a) PRINT FULL NAME James Birten Judd

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

4. Sex Male 5. Color or race Wht 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years (Month) (Day) (Year)

7. Birth date of deceased 8 2 1883
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 25
year 1944 hour 4:55 minute A.M.

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

Immediate cause of death Angina Pectoris

Due to 94

Other conditions (Include pregnancy within 3 months of death) ✓

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
61 3 23 hr. min.

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

10. Usual occupation laborer

11. Industry or business ✓

12. Name NATHANIAL J. JUDD

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

14. Maiden name SARAH F. LUTRELL

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

Major findings: Of operations ✓

Of autopsy ✓

16. (a) Informant W.S. Judd
(b) Address Stanherry Mo.

17. (a) BURIAL (b) Date thereof 11-26-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grantham Cemetery

18. (a) Signature of funeral director E. J. Johnson
(b) Address Stanherry Missouri

19. (a) 12-5-44 (b) Quincy Barber
(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? (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 Egbert Crowson (M. D. or other) 11/25
Parnell Mo Date signed Nov 24 1944

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

14 0 0

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~~

Jewan Johnson, Registered Apprentice No.
working under my personal supervision.

Signed *Jewan Johnson*

Licensed Embalmer No. *3492*

P. O. Address *Stankery 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.