

FILED JAN 15 1945

Registration District No. 61

Primary Registration District No. 5236

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural - Box 749
(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
In this community 1
years, months or days)

3. (a) PRINT FULL NAME Joseph ARTHUR Budd

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

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

6. (b) Name of husband or wife Gertie Burkman Budd 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Oct 15 1887
(Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Charles R. Budd

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

14. Maiden name Margaret Young

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

16. (a) Informant Mrs. Gertie Budd

(b) Address El Dorado Springs, Mo.

17. (a) Funeral (Burial, cremation, or removal) Date thereof 12/25/1944
(Monthly) (Day) (Year)

(c) Place: burial or cremation Antonville, Penn.

18. (c) Signature of funeral director J. W. Dunaway

(b) Address El Dorado Springs, Mo.

19. (a) 12/22/44 (Date received local registrar) (b) L. J. Dunaway (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar 20
(c) City or town El Dorado Springs, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Box 749 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19 day Dec
year 1944 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 15
1944 to Dec 19
1944
that I last saw him alive on Dec 16
and that death occurred on the date and hour stated above.

Immediate cause of death Fell dead

Due to Heart Block

Due to Chronic Asthma
Tobacco

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

Major findings:
Of operations _____
Of autopsy 112

22. If death was due to external causes, fill in the following:

(c) 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 L. J. Dunaway (M. D. or other)

Address El Dorado Springs, Mo. Date signed 12/24

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

RECEIVED
District Health Officer No. 71
District File Number 13-46-1542
Date Filed - 1-13-45

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 O. B. Sanders
Licensed Embalmer No. 3250
P. O. Address Eldorado Springs, 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.