

FILED JAN 10 1945  
Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **947**

1. PLACE OF DEATH:

(a) County **GREENE**

(b) City or town **SPRINGFIELD**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **829 W. PHELPS**  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_

3. (a) PRINT FULL NAME **CORA ETHEL JUDKINS.**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

4. Sex **FEMALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MILTON T. JUDKINS**

6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **SEPT. 20, 1881**  
(Month) (Day) (Year)

8. AGE: Years **63** Months **3** Days **1** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **BEDFORD IND.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business **AT HOME**

MOTHER FATHER {

12. Name **UNK. STEVENS.**

13. Birthplace **UNK. Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Milton Judkins**

(b) Address **RT. 2, Fair Grove, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 23, 44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greentown**

18. (a) Signature of funeral director **J. W. Kingner & Co.**

(b) Address **Springfield, Mo.**

19. (a) **12-23-44** (b) **J. W. Kingner & Co.**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **GREENE 29**

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

(d) Street No. **R.F.D. #2**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC.** day **21**  
year **1944** hour **2** minute **25 A.M.**

21. I hereby certify that I attended the deceased from **12, 19, 1944** 19\_\_\_\_ to **12, 21, 1944** 19\_\_\_\_;  
that I last saw her alive on **12, 12, 1944** 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage, cerebral**

Duration **2 days**

Due to \_\_\_\_\_

Due to **JZA**

Other conditions **JZA**  
(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) \_\_\_\_\_

(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 injury) (a) Means of injury \_\_\_\_\_

23. Signature **J. Kingner** (M. D. or other) \_\_\_\_\_  
Address **Springfield, Mo.** Date signed **12, 21 1944**

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

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**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 Ogle Stone Jr.

Licensed Embalmer No. 4976

P. O. Address Springfield 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.**