

FILED DEC 6 1945

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond
(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 _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

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

(d) Street No. South Whitmer St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Charles Judd

3. (b) If veteran, name war. NO

3. (c) Social Security No. 490-03-2081

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1945 hour 6 minute A. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Geneva Judd

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June 27 1916
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 1 - 1946 to Nov 29 1946
that I last saw him alive on Nov 25 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 29 Months 5 Days 2 If less than one day _____ hr. _____ min.

Immediate cause of death Broncho pneumonia

Due to _____

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

10. Usual occupation Truck Driver

Due to arthritis

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

11. Industry or business _____

12. Name Alva Judd

13. Birthplace Gentry Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ella Grace Davis

15. Birthplace Benton Co. Mo.
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Alva Judd

(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof Nov. 30 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Mo.

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? _____

18. (a) Signature of funeral director [Signature]

(b) Address Richmond, Mo.

19. (a) 11-30-45 (b) Charles Jackson
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date 12-4-45

1631

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

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 #113/

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 2073

P. O. Address. Richmond, 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.