

No. 2
-8-43
-17-39
X37823

DEPARTMENT OF COMMERCE . . . THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

2820

State File No. _____

FILED FEB 13 1946

5580

Registrar's No. 3

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town (Rural) Union twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
West of Eagleville 1/2 mile
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether _____)
In this community 70 yrs.
years, months or days

3. (a) PRINT FULL NAME John Edward Judd

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race W

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

6. (b) Name of husband or wife Mary Jane Judd

6. (c) Age of husband or wife if alive 30 years 1867

7. Birth date of deceased: 1 (Month) 30 (Day) 1867 (Year)

8. AGE: Years 78 Months 11 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business X

12. Name Do not know

13. Birthplace Do not know
(City, town, or county) (State or foreign country)

14. Maiden name Do not know

15. Birthplace 4 1 11
(City, town, or county) (State or foreign country)

16. (a) Informant Mary J. Judd

(b) Address Eagleville 2110

17. (a) Eagleville (b) Date thereof 1-19
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eagleville Cem.

18. (a) Signature of funeral director S. M. Hoob

(b) Address Bethany, Missouri

19. (a) 2-6-46 (b) Chad Adams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

(c) City or town Rural. Union twp
(If outside city or town limits, write "RURAL")

(d) Street No. 1/2 mile west of Eagleville
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
year 1946 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 17, 1946 to Jan 17, 1946
that I last saw him alive on Jan 17, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death atrophic emphysema

Due to _____

Due to _____

Other conditions 11 mg
(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 place)
(c) Means of injury _____

23. Signature Ralph H. Walker (D. or other) PO
Address Bethany Date signed 1/18/46

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

7239

119

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..... *Thomson H. Haas*

Licensed Embalmer No. *2861*

P. O. Address..... *Putnam, 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.