

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL RECORDS  
**FILED MAR 13 1946 STANDARD CERTIFICATE OF DEATH**

STATE BOARD OF HEALTH OF MISSOURI

State File No. **8147**

Registration District No. **324**

Primary Registration District No. **3072**

Registrar's No. **39**

1. PLACE OF DEATH:

(a) County **Saline**  
(b) City or town **Marshall, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**214 E. Gordon**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **All his life**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline**  
(c) City or town **Marshall**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **214 E. Gordon**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

**Andrew Judge**  
3. (b) If veteran, name war **#** 3. (c) Social Security No. **#**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Cecilia Finnegan** 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **Aug. 28 1861**  
(Month) (Day) (Year)

8. AGE: Years **84** Months **5** Days **28** If less than one day hr. min.

9. Birthplace **Williamstown Ireland**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Bernard Judge**  
13. Birthplace **Unknown Ireland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Ann Fitzgerald**  
15. Birthplace **Unknown Ireland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary E. Brown**

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

17. (a) **Burial** (b) Date thereof **2/28/1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Marys Cemetery**

18. (a) Signature of funeral director **Irish Perry**

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

19. (a) **3-4-46** (b) **Wesley West**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **26** year **1946** hour **6** minute **20 A.** M.

21. I hereby certify that I attended the deceased from **Feb. 18** 19 **46** to **Feb. 26** 19 **46**  
that I last saw him alive on **Feb. 24** 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Acute cardiac failure**

Due to **Acute bronchitis**

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

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

23. Signature **William M.D.** (M. D. or other)

Address **Marshall, Mo.** Date signed **2-28-46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

3-12-46

JUN 3 1947

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.....

Licensed Embalmer No.....

P. O. Address.....

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.