No. 2
—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22627

State File No.

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 58

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

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

(d) Street No. 406 -5th st
(If rural, give location)

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

If yes, name country none

3. (a) PRINT FULL NAME Mary Theresa Judkins

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W.

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

6. (b) Name of husband or wife Thomas David Judkins

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased August (Month) 15 (Day) 1871 (Year)

8. AGE: Years 74 Months 11 Days 13 If less than one day hr. min.

9. Birthplace ✓ (City, town, or county) New York (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name William O'Brien 4
13. Birthplace ✓ (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Nancy Lanigan 4
15. Birthplace ✓ (City, town, or county) Ireland (State or foreign country)

16. (a) Informant (Miss) Agnes O'Brien

(b) Address 2015 Zonal - Los Angeles Calif

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 30 (Day) 1946 (Year)

(c) Place: burial or cremation Catholic Cem - Pierce City Mo

18. (a) Signature of funeral director Callaways

(b) Address Monett Mo

19. (a) 7-29-46 (Date received local registrar) (b) W. M. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1946 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 7-2-46 7-28-46, 19 to , 19 ; that I last saw her alive on 7/27/46, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Adema 24 hrs
myocarditis 5 yrs
Chr interstitial nephritis 3 yrs

Due to Infirmities of old age

Due to Fr left hip May 46
Fr rt shoulder

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature F. J. Moenny Hoff (M. D. or other)

Address Monett Mo Date signed 7/29/46

12 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 846-845
Date Filed AUG 9 - 1946

APR 17 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 J. R. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—3-45
I X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Aug

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 78

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Monett
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary J. Judkins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

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

8. AGE: Years 74 Months 11 Days 13 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 28 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (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) accident

(b) Date of occurrence 5-27-46

(c) Where did injury occur? MONETT - BARRY - MO. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? NEIGHBORS - RES (Specify type of place)

While at work? NO (e) Means of injury fell down stairs

23. Signature F. Moenninghoff (M. D. or other)

Address Monett Mo Date signed

SUPPLEMENTARY

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

22627