S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

FILED OCT 17 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35867

Registration District No. 381 Primary Registration District No. 4-5-16 Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan

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

(c) Name of hospital or institution: Sullivan Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan

(c) City or town Milan - Rural Polk Twp
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Alice Angelene Judd

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F M

5. Color or race W

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased April (Month) 21 (Day) 1933 (Year)

8. AGE: Years 13 Months 0 Days 24 If less than one day hr. min.

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

10. Usual occupation School girl

11. Industry or business

MOTHER FATHER

12. Name Everett Judd

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

14. Maiden name Opal Coffman

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

16. (a) Informant Everett Judd

(b) Address Milan Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-46 (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Milan Mo

18. (a) Signature of funeral director Schaeme

(b) Address Milan, Mo

19. (a) Oct. 2-1946 (Date received local registrar) (b) Mrs. H. B. Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1946 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 15, 1946, to Sept. 15, 1946 that I last saw her alive on Sept. 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: acute myocarditis — Duration few days

Due to unknown cause

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)

(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 Earl Simpson (M. D. or other) MD

Address Milan Date signed 9-16-46

320 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-46-1853
Date Filed OCT 14 1946

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 Dwight Schaeve

Licensed Embalmer No. 2667

P. O. Address Milan, 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.