

FILED DEC 24 1946

Registration District No. 172

Primary Registration District No. 5642

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Blackburn, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Middleton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)

In this community 1 years, months or days (Specify whether)

3. (a) PRINT FULL NAME WILLIAM AUGUST JUDMAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Hrafszack Judman 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased 2 24 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 17 hr. _____ min. _____
If less than one day

9. Birthplace Old Wallow, MO
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business _____

12. Name Henry Judman

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

14. Maiden name Emmie Brunick

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

16. (a) Informant Mrs. Aug Schwedt

(b) Address Alma, Mo

17. (a) Removed (b) Date thereof 12-8-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wallow, Mo

18. (a) Signature of funeral director A. Brewer

(b) Address Alma, Mo

19. (a) Dec 7-1946 (b) Clayton H. Landrum
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette
(c) City or town Rural, Blackburn, Mo
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6th
year 1946 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from 11-4- 1946 to 12-6- 1946
that I last saw him alive on 12-6- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Softening of Brain

Due to _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature J. G. W. Fischer (M. D. or other)

Address Alma, Mo Date signed 12-7-46

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-21-46

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 *W. J. Bremer*

Licensed Embalmer No. 2696

P. O. Address *Alma, 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.