

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8587

State File No. _____

Registration District No. 120

Primary Registration District No. 4197

Registrar's No. 20

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

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Stanberry Mo.
(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 71-4-0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Kyatt Jasper Judd

3. (b) If veteran, name war None.

3. (c) Social Security No. No.

4. Sex Male 5. Color or race Wht.

6. (a) Name of husband or wife Rosa Delorus Judd

6. (b) Age of husband or wife if alive 72 years

7. Birth date of deceased 3 10 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 28 If less than one day hr. min.

9. Birthplace Russell's County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Lawyer

11. Industry or business _____

12. Name NATHANIEL Judd

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

14. Maiden name SARAH Kittle

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

16. (a) Informant Rosa Delorus Judd

(b) Address East 3rd St Stanberry Mo.

17. (a) Burial (b) Date thereof MARCH 10 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Pidge at Stanberry

18. (a) Signature of funeral director Joan Johnson

(b) Address Stanberry Missouri

19. (a) March 13 1947 (b) Thomas D. Mather
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry

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

(d) Street No. East 3rd St (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
year 1947 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 9 - 1946
to March 8 1947;

that I last saw him alive on March 7 1947;

and that death occurred on the date and hour stated above.

Immediate cause of death Uremic poison Duration _____

Due to Bright Disease & old age

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 132

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 2

23. Signature R. H. Beale D.O. (M.D. or other) _____

Address Stanberry Mo Date signed 3/8-47

APR 9 1947

DISTRICT FIELD OFFICE
Cameron, Mo.

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.....

J. Ewan Johnson....., Registered Apprentice No. *1*
working under my personal supervision.

Signed *J. Ewan Johnson*.....
Licensed Embalmer No. *3492*.....
P. O. Address *Stankney Missouri*.....

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.