

No. 2
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5-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16564**

FILED JUN 14 1947

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **739**

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
St. Joseph's Hospital **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether)

In this community 50 years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan **//**

(c) City or town St. Joseph **/**
(If outside city or town limits, write "RURAL")

(d) Street No. 2018 Seneca Street **7**
(If rural, give location)

(e) Citizen of foreign country? No. **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Henry Judson

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed **3**

6. (b) Name of husband or wife Charlotte Yunker Judson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 25 1871
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th
year 1947 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 8 9 A.M.
to June 9 2 P.M. 1947 to 2 P.M. 1947
that I last saw him alive on June 8 1947
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>10</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death Congestive Heart Failure
Duration 24 hours

Due to Arterio Sclerosis **8 yrs.**

Due to Hypertension **10 yrs.**

Other conditions 93 E
(Include pregnancy within 3 months of death)

9. Birthplace Burlingame Kansas **1**
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED TRAVELING SALESMAN

11. Industry or business _____

Major findings: no operation

Of operations _____

Of autopsy no autopsy

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name William W. Judson

13. Birthplace Unknown New York **1**
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Cozine

15. Birthplace Unknown New York **1**
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clayton Judson

(b) Address 1302 N. 10th St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof June 10, 1947.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

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? _____

18. (a) Signature of funeral director Hester Menchoff

(b) Address 1246 Colhoun St., St. Joseph, Mo.

19. (a) June 11, 1947 (b) E. L. Jenkins
(Date received local registrar) (Registrar's signature)

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

23. Signature Gordon Wright MD (M. D. or other) **0**

Address 846 So 19th St. St. Joseph, Mo. Date signed 6/9/47

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

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.....

Albert R. Farrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.