FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6800 1362

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County: ST. LOUIS CITY
(b) City or town: ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DEACONESS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: LINCOLN
(c) City or town: RURAL 3 MI. WEST
(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

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3. (a) PRINT FULL NAME Sallie BEATRICE MUDD
3. (b) If veteran, name war
3. (c) Social Security No. NONE
4. Sex Fe
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband OTIS MUDD
6. (c) Age of husband if alive 59 years
7. Birth date of deceased July (Month) 24 (Day) 1899 (Year)

8. AGE: Years	Months	Days	If less than one day
48	6	15	hr. min.

9. Birthplace SILEX - LINCOLN (City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business
FATHER 12. Name JOHN S. CLARE
13. Birthplace SILEX, LINCOLN (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name MARY A. CALLAWAY
15. Birthplace DAVIS, LINCOLN (City, town, or county) (State or foreign country)
16. (a) Informant J. O. Mudd
(b) Address Bowling Green, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sulphur Lick Mo
18. (a) Signature of funeral director J. O. Mudd
(b) Address Bowling Green Mo.
19. (a) FEB 9 1948 (Date received local registrar) J. T. Briesenick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9 year 1948 hour 11 minute 10 A M.
21. I hereby certify that I attended the deceased from Feb. 13, 1947, to February 9, 1948 that I last saw her alive on February 8, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage (Apoplexy)	3 days
Due to Essential Hypertension	4yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 G. E. Schaeffler (M. D.)
Address 634 N. Grand St. Louis, Mo. Date signed 2/9/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 James C. Mudd

Licensed Embalmer No. 4152

P. O. Address Bowling Green 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.