

FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

18916

Registration District No.

61

Primary Registration District No.

4107

Registrar's No.

24

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Eldorado Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Chambers Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years months or days)
In this community Years

3. (a) PRINT JAMES WILLIAM (Callie) BUDD
FULL NAME

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

4. Sex Male 5. Color or race White 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 January 20 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 3 13 hr. min.

9. Birthplace Douglas County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Budd 13. Birthplace Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Young
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Budd
(b) Address R#5, Eldorado Springs, Mo.

17. (a) Burial (b) Date thereof May 5, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place Mound Cemetery

18. (a) Signature of funeral director Thurman Carther
(b) Address Eldorado Springs, Missouri

19. (a) 5-6-48 (b) J. H. Brannon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20
(c) City or town Eldorado Springs 1
(If outside city or town limits, write "RURAL")
(d) Street No. City 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1948 hour 8 minute _____ P.M.

21. I hereby certify that I attended the deceased from April 10, 1948 to May 3, 1948
that I last saw him alive on 5/2/48 at 5:30 P.M. 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia by postmortem Duration 4.50
Due to _____

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?

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

23. Signature F. J. Danyan (M. D. or other) 4/6/48
Address Eldorado Springs Date signed _____

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

RECEIVED

District Health Officer No. 791

District File Number

Date Filed

7-14-48

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

James E. Hackleman, Registered Apprentice No. 44,
working under my personal supervision.

Signed

F. H. P. C. Smith

Licensed Embalmer No.

11419

P. O. Address

Chimade Springs

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.