

UNITED STATES OF AMERICA  
DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19976

State File No. \_\_\_\_\_

Registrar's No. 32

FILED JUL 15 1948  
Registration District No. 4

Primary Registration District No. 3035

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

4  
3  
2

1. PLACE OF DEATH:

(a) County Lafayette  
 (b) City or town Lexington  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1717 Bloom St. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community Final of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
 (c) City or town Lexington 54  
 (If outside city or town limits, write "RURAL") 3  
 (d) Street No. 1717 Bloom St. 2  
 (If rural, give location) 8  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARNEY H. JEUDE  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 10  
 year 1948 hour 4 minute 00 P. M.  
 21. I hereby certify that I attended the deceased from 7:30 x 11:48  
 \_\_\_\_\_, 19\_\_\_\_, to 10 June 1948, 19\_\_\_\_;  
 that I last saw him alive on 10 June, 1948;  
 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race White  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife SELMA KEMNER  
 6. (c) Age of husband or wife if alive 30 years  
 7. Birth date of deceased: 3 21 1895  
 (Month) (Day) (Year)

Immediate cause of death Myocarditis with congestive failure  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

8. AGE: Years 53 Months 2 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace HENRIETTA MO  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation FARMER

Other conditions Thrombophlebitis  
 (Include pregnancy within 5 months of death)  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy 936

11. Industry or business \_\_\_\_\_  
 12. Name EDWARD JEUDE  
 13. Birthplace AUGUSTA MO  
 (City, town, or county) (State or foreign country)  
 14. Maiden name IDA PIEPER  
 15. Birthplace AUGUSTA MO  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant MRS. SELMA JEUDE  
 (b) Address LEXINGTON, MO.  
 17. (a) BURIAL (b) Date thereof 6-13-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation LEXINGTON, MO  
 18. (a) Signature of funeral director Robert G. Linsell  
 (b) Address Lexington Mo  
 19. (a) 6-11-48 (b) Thomas S. [Signature]  
 (Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_  
 23. Signature J. W. West (M. D. or other)  
 Address Lexington Date signed 6/11/48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-14-48

*Ward*

**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 *[Signature]*

Licensed Embalmer No. 2983

P. O. Address Leungton Res

**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.**