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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 19 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22238

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 724

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: 2415 Jules St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days) Life

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.: 2415 Jules St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: Carrie Juda

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

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: March (Month) 19 (Day) 1870 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	78	3	16	..... hr. ..... min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Seamstress

11. Industry or business: Dressmaking

FATHER
12. Name: Soloman Juda
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Sophia Binswanger
15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Eugene S. Juda

(b) Address: St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/6/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Adath Joseph Cemetery

18. (a) Signature of funeral director: Heaton Bowman

(b) Address: St. Joseph, Mo.

19. (a) 7-10-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1948 hour 16 minute A.M.

21. I hereby certify that I attended the deceased from ..... 1930 to July 5, 1948 that I last saw her alive on June 29, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hem	
Due to	
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: W. E. Harbeck (M.D. or other) MO

Address: 1204 Fred. ave. St Joseph, Mo Date signed: 7/6/48

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

30 1952

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 B. Hawkins, Registered Apprentice No. 27 working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 519 So 10th, St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.