

No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35102

State File No. _____

Registration District No. 201

Primary Registration District No. 5280

Registrar's No. 74

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

1. PLACE OF DEATH:

(a) County Clay Co. Mo.

(b) City or town Liberty Mo.

(c) Name of hospital or institution: Liberty Mo. R.T.O.
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 10 W.
(Specify whether 2 years, months or days)

In this community 10 W.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna Judson

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Wm. Taylor Judson 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased July - 11 - 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 2 22 hr. min.

9. Birthplace Mechanicburg, Penna.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name William Noggel

13. Birthplace Wabour
(City, town, or county) (State or foreign country)

14. Maiden name Susan Mohler

15. Birthplace Penna.
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie May Noverosa

(b) Address Liberty, Mo.

17. (a) Clay State (b) Date thereof Oct 5 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clay State

18. (a) Signature of funeral director John G. Evans

(b) Address Clay State

19. (a) Nov 9 - 40 (b) W. H. Shaffer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Liberty
(If outside city or town limits, write "RURAL")

(d) Street No. Rt 2
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3 year 1940 hour 1 PM minute _____ M.

21. I hereby certify that I attended the deceased from July 11, 1940, to Oct 31, 1940.

that I last saw him alive on Oct 3, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Breast

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 46

Major findings: Of operations _____

Of autopsy _____

Duration _____

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? at home

23. Signature F. W. Matthews (M. D. or other) _____

Address Liberty, Mo. Date signed 10/11/40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-13-40

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 *John G. Ryan*

Licensed Embalmer No. 3933

P. O. Address *Clarksville, Md.*

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.