No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 18 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33410

Registration District No. 1103 Primary Registration District No. 6186 Registrar's No.

1. PLACE OF DEATH:
(a) County: Washington
(b) City or town: Sullivan (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Washington
(c) City or town: Sullivan - rural (If outside city or town limits, write "RURAL")
(d) Street No.: Johnson Twn — (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Mary Gladene Studdard
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F
5. Color or race: W
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: Nov (Month) 1 - (Day) 1929 (Year)
8. AGE: Years 10 Months 8 Days 23 If less than one day hr. min.
9. Birthplace: Washington Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: at home
11. Industry or business: 0
FATHER 12. Name: John Studdard
13. Birthplace: Crawford Co (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name: Daisy Boyer
15. Birthplace: Washington Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant: John Studdard
(b) Address: Sullivan - Rt 4
17. (a) (Burial, cremation, or removal) (b) Date thereof 7-24-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Hamilton
18. (a) Signature of funeral director: J O Williams
(b) Address: Sullivan Mo
19. (a) 9-15-40 (Date received local registrar) (b) T O Harmon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1940 hour 2 minute 45 P. M.
21. I hereby certify that I attended the deceased from 7-20, 1940, to 7-23, 1940, that I last saw h alive on 7-21, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congenital heart	Life
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None	
Of autopsy: None	

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: O A Douglas (M. D. or other)
Address: Sullivan Date signed 7-23-40

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.