S. No. 2
M—1-4-41
Y. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1942

Registration District No. 408

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2587

Primary Registration District No. 3020

Registrar's No. 15

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 828 E Budlong 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): 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Carthage (If outside city or town limits, write "RURAL")
(d) Street No.: 828 E Budlong (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: C

3. (a) PRINT FULL NAME: Millie Spain
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Dave
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: Sept. (Month) 25 (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
54	3	13	____ hr. ____ min.

9. Birthplace: Unknown (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: At Home
11. Industry or business: None
FATHER 12. Name: John Judd
FATHER 13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Dave Spain
(b) Address: 828 E Budlong St. Carthage
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 21 1942 (Month), (Day), (Year)
(c) Place: burial or cremation: Oak Hill
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Mo.
19. (a) Jan. 20, 1942 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 18 year: 1942 hour: 4:15 minute: P. M.
21. I hereby certify that I attended the deceased from Sept. 1942, to Jan. 18 1942, that I last saw h. alive on Jan. 18 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic heart disease with circulatory failure	8 mo.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 93d	
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? (Specify type of place)
While at work? (e) Means of injury: A)
23. Signature: Charles W. Lobell (M. D. or other) M.D.
Address: 304 S. Grant Carthage, Mo. Date signed: 1/20/42

1167

(Licensed Embalmer's Statement on Reverse Side)

42-1-26

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 D Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage Ms.

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.