DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1942

Registration District No. 27

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29722

Primary Registration District No. 3005

Registrar's No. 50

17-39
X29484

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

1. PLACE OF DEATH:
(a) County: Bates
(b) City or town: Butler Mo
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: Butler Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Bates
(c) City or town: Rich Hill
(If outside city or town limits, write "RURAL")
(d) Street No.: 5th & Olive
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: William J. Mudd
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widower 2
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Jan (Month) 6 (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
81	8	21	hr. ..... min.

9. Birthplace: Kentucky 1 (City, town, or county) (State or foreign country)
10. Usual occupation: Metal & Graver Roofer
11. Industry or business .....
FATHER
12. Name: William T. Mudd
13. Birthplace: Kentucky 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Margaret Phelps
15. Birthplace: Kentucky 1 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Paul Thomas.
(b) Address: Frenchlick Ind.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 30 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Green lawn
18. (a) Signature of funeral director: Pond and Reavley
(b) Address: Rich Hill, Mo.
19. (a) Sept 28, 1942 (Date received local registrar) Anna Marie Crumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27th year 1942 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from 9-21 1942 to 9-27-1942 that I last saw ~~not~~ alive on 9-27-1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Accelerated pulse start Cardiac Decompensation Sept 21st 1942	

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 .....
23. Signature: L. D. Latham (M. D. or other)
Address: Butler Mo Date signed 9/27/42

1306 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-42-1105
Date Filed 10-8-42

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 MVE

, Registered Apprentice No.

working under my personal supervision.

Signed J. Hudson Rearley

Licensed Embalmer No. 2730

P. O. Address Rich Hill Mo.

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.

No. 2B
-8-21-41
I X29288

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STANDARD CERTIFICATE OF DEATH

State File No. 29722

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 50

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

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Butler
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME William J. Mudd

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan (Month) 6 (Day) 1861 (Year)

8. AGE: Years 81 Months 8 Days 20 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to 184

Due to 27 21

Other conditions Accident algun shot
(Include pregnancy within 3 months of death)
in Calf R leg Sept 21 1942

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 Sept. 21, 1942

(c) Where did injury occur Rich Hill, Bates, Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)

While at work? No (e) Means of injury

23. Signature L D LaHue (M. D. or other) M.D.

Address Butler, Missouri Date signed Oct. 23, 1942

SUPPLEMENTARY