S. No. 2
0M—2-43
Rev. 5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33192
State File No.

FILED NOV 10 1945
Registration District No.

Primary Registration District No. 1000

Registrar's No. 1170

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: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 6 days
In this community 1 mo. 6 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town DeKalb (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 Sallie M. Judah
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 widowed
6. (b) Name of husband or wife Samuel M. Judah
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 8 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
77	3	22	hr. min.

9. Birthplace Plattsburg (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at home
11. Industry or business

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

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

16. (a) Informant Lee Judah
(b) Address DeKalb, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/1/45 (Month) (Day) (Year)
(c) Place: burial or cremation Westlawn Cemetery
18. (a) Signature of funeral director Heaton Bell & Bowman
(b) Address 319 South 10th
19. (a) Nov. 2, 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30th year 1945 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Sept 24, 1945, to Oct 30, 1945; that I last saw her alive on Oct 29, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetes Mellitus	1938
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis general; Gangrene, diabetic, Rt Foot	
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 [signature] (M. D. or other)
Address St Joseph 8 Date signed 10-30

1524 (Licensed Embalmer's Statement on Reverse Side)

SEP 1 8 1946

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 Gerald T. Wade

Licensed Embalmer No. 4172

P. O. Address St. Joseph

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.