N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAY 10 193

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12567
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 3171
(c) City ..... (d) Street No. 5353 Minerva Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anne E. Hudson 325
(a) Residence, No. 5353 Minerva Ave, St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John R. Hudson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 26, 1862

7. AGE: YEARS 75 | MONTHS 3 | DAYS 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as saw mill, bank, etc.: trained nurse.
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation: since 1906

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kawanee, Ill. 1

FATHER
13. NAME 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mathew Slack England 4

MOTHER
15. MAIDEN NAME: Sarah Summers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): John R. Hudson 5353 Minerva, Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Valhalla DATE: April 4, 1938

19. FUNERAL DIRECTOR (ADDRESS): Bensick-Nichols 1138 N. 6th Street

20. FILED: APR 4 1938 J. F. Bubick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 31st, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1938, to March 31st, 1938
I last saw her alive on March 28th, 1938. Death is said to have occurred on the date stated above, at 9:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (Cerebral Hemorrhage)	3/1-38
Other contributory causes of importance: Arteriosclerosis	?

Name of operation — Date of .....
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Edwin L. Sheahan, M. D.
(Address) 7818 Forsythe Bl Clayton Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Larry M. White

Licensed Embalmer No. 3972

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.)