

REC'D MAY 23 1938

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

15545
Do not use this space.

1. PLACE OF DEATH

(a) County Phelps Registration District No. 676
(b) Township Liberty Primary Registration District No. 5900
(c) City..... (d) Street No..... 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

Mathie Lenora Hudgens 325

(a) Residence, No. (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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isaac Hudgens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 10 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 8 10

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Durham Co New York

13. NAME Joseph Niles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Mary Bobcock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Charles Hudgens Newburg Mo (Star Rt.)

18. BURIAL, CREMATION, OR REMOVAL PLACE Mill Creek Cem DATE 4-22-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lee Johnson Newburg MO

20. FILED 4-22-38 B. T. Smith Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 1936, to April 20 - 1938
I last saw her alive on April 19 - 1938. Death is said to have occurred on the date stated above, at 7:30 p. m.
The principal cause of death and related causes of importance were as follows:

Cardio Renal failure
131-

Other contributory causes of importance:
Chronic nephritis
Chronic myo carditis

Name of operation None 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?.....
If so, specify.....
(Signed) R. C. Brewer M. D.
Newburg Mo (Address)

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.

STATE OF MARYLAND
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

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 Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg Md

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.