

1930 JUN 15 1939

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

18323
Do not use this space.

1. PLACE OF DEATH
 (a) County Cass Registration District No. 149
 (b) Township Union Primary Registration District No. 5213
 (c) City (d) Street No. Registered No.
 (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 Margarett Frances Hudson
 (a) Residence, No. R. F. & Peculiar, Mo. St. (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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Hudson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25 - 1855
 7. AGE YEARS 83 MONTHS 6 DAYS 22 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Janesville Ohio

FATHER
 13. NAME Charles C. McKinney
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER
 15. MAIDEN NAME Katheryn Gallegor
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT F. T. Hudson
 (ADDRESS) Peculiar

18. BURIAL, CREMATION, OR REMOVAL PLACE Raymore Mo DATE May 18 1939

19. FUNERAL DIRECTOR Geo. E. Myers
 (ADDRESS) Cleveland Mo.

20. FILED May 18 1939 Geo. E. Myers
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to May 17 1939
 I last saw her alive on May 16 1939 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:

Myocarditis, Chronic Date of onset 1924
ASC
 Other contributory causes of importance: Central thrombosis 1-1-39

Name of operation Date of
 What test confirmed diagnosis? clinical 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) W. A. Moore, M. D.
 917 (Address) Cleveland Mo

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.

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 _____

Licensed Embalmer No. _____

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.)