

FILED FEB 12 1940

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

1692
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan Registration District No. 85
(b) Township 0 Primary Registration District No. 1001 Registered No. 24
(c) City St. Joseph (d) Street No. Missouri Methodist Hospt. 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 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 325 William Hudson
(a) Residence, No. 5119 Lake Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1899

7. AGE YEARS 60 MONTHS 8 DAYS 3 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Armour & Co. Packer
10. Date deceased last worked at this occupation (month and year) Dec. 1939 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton County Missouri

FATHER 13. NAME D. C. Hudson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

MOTHER 15. MAIDEN NAME Sarah Adams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

17. INFORMANT (ADDRESS) Ernest Weedin Waverley Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Alma Mo DATE Jan 10 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clark Mortuary 5025 King Hill Ave.

20. FILED Jan 8 1940 J. Matthews Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6, 1940

22. HEREBY CERTIFY, That I attended deceased from Jan 6 1940 to Jan 6 1940
I last saw him alive on Jan 6 1940 Death is said to have occurred on the date stated above, at 10:15 P.M.
The principal cause of death and related causes of importance were as follows:
Bronchial pneumonia of influenza type
Date of onset Jan 1

Other contributory causes of importance: 11a

Name of operation _____ Date of _____
What test confirmed diagnosis? clin 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) H. S. Saward, M. D.
(Address) St Joseph 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.

Dr. Conrad

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 Jan. 6, 194

....., Registered Apprentice No.....
working under my personal supervision.

Signed *E. Conrad*

Licensed Embalmer No. 3476

P. O. Address St. Joseph, Mo.

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.