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

10066
Do not use this space.

FEB 12 1940

1. PLACE OF DEATH
(a) County Barry — Registration District No. 29
(b) Township Mountain — Primary Registration District No. 5049 — Registered No. 10
(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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

325

2. PRINT FULL NAME Rea Eileen Hudson
(a) Residence, No. Cape Fair, Mo. R.F.D. 0 St. ☐
(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 Lon Hudson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1917

7. AGE: YEARS 22 — MONTHS 5 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
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) Independence Kan. /

FATHER
13. NAME J. T. Oliver
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas /

MOTHER
15. MAIDEN NAME Carrie Newton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio /

17. INFORMANT (ADDRESS) J. T. Oliver Cassville, Mo. R.2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clio, Cemetary DATE Mar. 9, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Horine-Culver Cassville, Mo.

20. FILED 4-2-1940 Geo. W. Newman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar. 5, 1940, to Mar. 7, 1940
I last saw her alive on Mar. 7, 1940. Death is said to have occurred on the date stated above, at 6:00 p.m.
The principal cause of death and related causes of importance were as follows:

Influenza — Date of onset

11/12

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Glenn H. Salyer, M. D.
(Address) Cassville Mo.

30

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X14023

RECEIVED
District Health Officer, No. 6,
District File Number 4210-1010
Date Filed APR 9 1940

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 R. Gordon Bennett
Registered Apprentice No. 250, working under my personal supervision.

Signed: [illegible]

Licensed Embalmer No. 1414

P. O. Address Cornwall

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.