

No. 2
4-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21368

State File No. _____

JUL 15 1940
Registration District No. _____/04

Primary Registration District No. 5153

Registrar's No. 157

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution: _____ (Specify whether _____)
In this community _____ years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles North of Fulton
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th
year 1940 hour 9 minute 8 P. M.
21. I hereby certify that I attended the deceased from June 14
1940 to June 15, 1940
that I last saw him alive on June 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Paralytic Diphtheria 2 days

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
2 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Larry Elbert Hudgens

3. (b) If veteran, name war _____
3. (c) Social Security No. none

4. Sex m 5. Color or race W
6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if _____

7. Birth date of deceased. Dec 2 1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 6 13 hr. min.

9. Birthplace Fulton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER
12. Name Raymond Hudgens
13. Birthplace Fulton Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sara Martin
15. Birthplace Steedman Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Raymond Hudgens

(b) Address Fulton Missouri

17. (a) Burial (b) Date thereof June 17 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cemetery

18. (a) Signature of funeral director Geo H Wallace
(b) Address Fulton Missouri

19. (a) June 17 1940 (b) R. N. Cross
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
106 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature H. J. Owen (M. D. or other) 1
Address Fulton Mo Date signed 6/17/40

social security No - none.
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

J.P. Simpson

Licensed Embalmer No.

3965

P. O. Address

Fulton, 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, fact should be so stated above.