

10
S. No. 2
-11-10-39
5-17-39
X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Registration District No. 887 Primary Registration District No. 45-38 Registrar's No. _____

1. PLACE OF DEATH:
(a) County WASHINGTON
(b) City or town POTOSI Mo.
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 9
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME WILLIAM C. HUDSON 325
8. (b) If veteran, name war _____ 8. (c) Social Security No. NONE

4. Sex M. 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MOLLY HUDSON 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Jan. 19 1869 (Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 8 If less than one day hr. _____ min. _____

9. Birthplace CRAWFORD Co. Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business _____
12. Name CON HUDSON
13. Birthplace ARKANSAS. (City, town, or county) (State or foreign country)
14. Maiden name MARILYN M. RICH.
15. Birthplace ARKANSAS. (City, town, or county) (State or foreign country)

16. (a) Informant MOLLY HUDSON
(b) Address POTOSI Mo

17. (a) BURIAL (b) Date thereof 7-24-1940 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation POTOSI Mo.

18. (a) Signature of funeral director J. B. Boyer
(b) Address POTOSI Mo.

19. (a) Aug. 4 (b) G. F. Resner 808 (Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County WASHINGTON
(c) City or town POTOSI Mo. (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 22 NO. year 1940 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 22 1940 to July 18 1940; that I last saw him alive on July 18 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis Pneumonia
Cerebral Hemorrhage
Due to 1930

Due to Coronary Thrombosis
1940 Second Cerebral Hemorrhage April 1940
Other condition (include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy 94B

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

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature G. F. Resner (M. D. or other)!
Address Potosi Mo Date signed _____

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~~

C. H. Bayard

Registered Apprentice No.

working under my personal supervision.

Signed

C. H. Bayard

Licensed Embalmer No. *4158*

P. O. Address *Potosi 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.