

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38115

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 254

REC'D DEC 10 1940

1. PLACE OF DEATH:
 (a) County Boone County
 (b) City or town Columbia
 (c) Name of hospital or institution: 820 N. 8th St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
 In this community 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Audrain
 (c) City or town Columbia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 820 N 8th St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Lillian Francis Hudson
 3. (b) If veteran, name war No. 3. (c) Social Security No. None
 4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife J. A. Hudson
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 9 1872
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 20 year 1940 hour 3 minute 4 M.
 21. I hereby certify that I attended the deceased from Oct 15th 1940 to Nov 21st 1940
 that I last saw her alive on Nov 20th 1940 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>1</u>	<u>12</u>	hr. _____ min. _____

Immediate cause of death Broncho Pneumonia
 Due to Pneumo Infection
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Boone County Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation None
 11. Industry or business _____
 12. Name Michael Harrigan
 18. Birthplace Ireland
 (City, town, or county) (State or foreign country)
 14. Maiden name Matilda Porter
 15. Birthplace Kentucky
 (City, town, or county) (State or foreign country)

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? 74
 While at work? _____ (Specify type of place) (e) Means of injury _____

16. (a) Informant's own signature Noah A. Hudson
 (b) Address Mexico, Mo.
 17. (a) Recent (b) Date thereof Nov. 22, 40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Main St. Zion, Boone County
 18. (a) Signature of funeral director E. E. Pugh
 (b) Address Mexico, Mo.
 19. (a) 11/23/40 (b) Allie Selby
 (Date received local registrar) (Registrar's signature)

23. Signature Robert H. Simpson (M. D. or other)
 Address 306 Cherry St Columbia Date signed 11-21-40

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.

PHYSICIAN
 Underline the cause to which death should be charged statistically

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.....

Earl E. Pruitt

....., Registered Apprentice No.....

working under my personal supervision.

Dr. R. H. Simpson

Signed.....

Earl E. Pruitt

Licensed Embalmer No.....

3189

P. O. Address.....

Mered. 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.