

Registration District No. **547**

Primary Registration District No. **3029**

1. PLACE OF DEATH:

(a) County **Marion**
(b) City or town **Narribai**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
601. Hazel
(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**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Marion**
(c) City or town **Narribai**
(If outside city or town limits, write "RURAL")
(d) Street No. **601 Hazel**
(If rural, give location)
0
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME **OYSON C. HUDELSON**

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Farris** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **OCT. 14. 1859**
(Month) (Day) (Year)

8. AGE: Years **81** Months **1** Days **5** If less than one day _____ hr. _____ min.

9. Birthplace **Pike County** **ILL.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12: Name **William Hudelson**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Cooper**
15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry John**

(b) Address **601. Hazel Narribai Mo**

17. (a) **Burial** (b) Date thereof **Nov 21 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Graceland Burial Park**

18. (a) Signature of funeral director **James O. Jones**

(b) Address **Narribai Mo**

19. (a) **11-26-40** (b) **H. C. Fisher**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV.** day **19**
year **1940** hour _____ minute **3:20** AM.

21. I hereby certify that I attended the deceased from **Nov 19 1940** to **Nov 19 1940**
that I last saw him alive on **Nov 19 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Myocardial degeneration
Due to _____

Due to **Senility**

Other conditions (Include pregnancy within 5 months of death) **g2**

Major findings:
Of operations _____
Of autopsy _____

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 **W. E. Baker** (M. D. or other) _____
Address **Narribai Mo** Date signed _____

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

2
121492

DEC 17 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.....

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

Signed Michael J. James

Licensed Embalmer No. 2246

P. O. Address Hannibal, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.