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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42600

FILED JAN 25 1941

Registration District No. 328 Primary Registration District No. 3017 Registrar's No.

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

1. PLACE OF DEATH:
(a) County GRUNDY
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 815 ~~Eastern~~ 7th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years 20
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County GRUNDY
(c) City or town TRENTON
(If outside city or town limits, write "RURAL")
(d) Street No. 815 - East 7th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Francis Maldell Hudson

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

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James H Hudson
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased May (Month) 30 (Day) 1869 (Year)

8. AGE: Years 71 Months 6 Days 20 If less than one day hr. min.

9. Birthplace Stark County (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife 1
11. Industry or business Home 1
FATHER
12. Name Joseph Nicholas 1
13. Birthplace unknown (City, town, or county) Ohio (State or foreign country) 1
MOTHER
14. Maiden name Francis Dixon
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant J. H. Hudson
(b) Address Trenton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-40 (Month) (Day) (Year)
(c) Place: burial or cremation Maple grove
18. (a) Signature of funeral director Raymond A Davis
(b) Address Trenton Mo
19. (a) 12-22-40 (Date received local registrar) (b) Irene D Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20th year 1940 hour 5:25 minute P M.
21. I hereby certify that I attended the deceased from 12-1-40, 19 to 12-20-, 1940
that I last saw her alive on 12-20-, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Chronic nephritis

Due to

Other conditions (Include pregnancy within 3 months of death) 121

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

23. Signature Wm A Lucas (M. D. or other) MD
Address Trenton Mo Date signed 12-21-40

(Licensed Embalmer's Statement on Reverse Side)

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

Signed Clifford Oberg

Licensed Embalmer No. 3423

P. O. Address Trenton Mo

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

If this body is not embalmed, fact should be so stated above.