No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44035

Registration District No. FILED JAN 23 1941

Primary Registration District No. 4553

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston
(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 26 DAYS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County Los Angeles

(c) City or town Los Angeles
(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.

3. (a) PRINT FULL NAME Francis DeLaney Hudson

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 18, (Day) 1858 (Year)

8. AGE: Years 82 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Alberlemar Co. (City, town, or county) Virginia (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Wm. H. Hudson
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Katherine Jones
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Mrs. C. J. Stevens

(b) Address Sikeston, Mo.

17. (a) Removal-Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1940 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Park View Cemetery, Farmington Mo.

18. (a) Signature of funeral director H J Welsh

(b) Address Sikeston, Mo.

19. (a) 1-8-1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23 year 1940 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from 12-6-40, 19, to 12-23-40, 19; that I last saw him alive on 12-23, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	10 days
Due to Pleurisy with effusion	17 days
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death) Senility	?

Major findings:
Of operations
Of autopsy 54

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas C. McClure M.D. (M. D. or other)

Address Sikeston, Mo. Date signed 12/24/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 141-77
Date Filed 1/13/41

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 Harvey J. Johnson

Licensed Embalmer No. 3704

P. O. Address Sikeston, Mo.

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

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