

No. 2  
4-12-40  
5-17-39  
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MADE MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **13975**

Registration District No. **25** Primary Registration District No. **1005** Registrar's No. **457**

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Methodist Hospital **0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks  
In this community 2 weeks  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME James Franklin Hudson  
3. (b) If veteran, name war None 3. (c) Social Security No. 48-0211730

4. Sex male **0** 5. Color or race white  
6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Susie E. 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased October 8 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>6</u>	<u>16</u>	.....hr. ....min.

9. Birthplace Clarence Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business Kansas Power & Light Co.

MOTHER FATHER  
12. Name John Hudson  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Sumpter  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Susie E. Hudson  
(b) Address Everest Kansas

17. (a) removal (b) Date thereof April 25, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Horton, Kansas

18. (a) Signature of funeral director Walter Meischner

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) 4-25-1941 (b) H. J. Nestlebrook  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kansas (b) County Brown **999**  
(c) City or town Everest **14**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 24  
year 1941 hour 8 minute 10 p. a. m.

21. I hereby certify that I attended the deceased from 4/24/41, 1941, to 4/24/41, 1941,  
that I last saw him alive on 4/24/41, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Haemorrhage  
Branch Pneumonia

Due to Chronic Pyelonephritis, bilateral

Due to Hypertrophy of Prostate Gland

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107

Of autopsy —

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? 85

(Specify type of place) While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

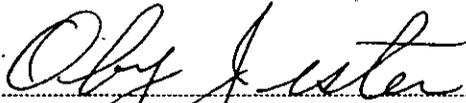
23. Signature Charles Greenberg (M. D. or other) C. M. D.  
Address Phys. & Surg. Bldg. Date signed 4/25/41

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

**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..... .....

Licensed Embalmer No. Mo. 4154.....

P. O. Address..... St. Joseph, Missouri.....

**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, fact should be so stated above.**