

No. 2  
-4-41  
17-39  
X26390

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

State File No. \_\_\_\_\_  
Registrar's No. 26

Registration District No. 165 Primary Registration District No. 5231

1. PLACE OF DEATH:  
(a) County Cedar  
(b) City or town Rural Linn  
(c) Name of hospital or institution: \_\_\_\_\_  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Most of life

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cedar  
(c) City or town Stockton Rural Linn.  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_

3. (a) PRINT FULL NAME William A. Hudson  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 11  
year 1941 hour 6 minute 20 P. M.  
21. I hereby certify that I attended the deceased from 6-9 1941 to 6-11 1941  
that I last saw him alive on 6-11 1941  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edith Hudson  
6. (c) Age of husband or wife if alive 69 years

Immediate cause of death  
Influenzal meningitis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

7. Birth date of deceased Jan. 7 1865  
(Month) (Day) (Year)  
8. AGE: Years 76 Months 5 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Cedar County, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farming

11. Industry or business \_\_\_\_\_  
12. Name Thomas Hudson  
13. Birthplace Tenn.  
14. Maiden name Toleta Humbard  
15. Birthplace Tenn.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Carl Stafford  
(b) Address Stockton, Missouri  
17. (a) Burial (b) Date thereof 6-13-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Stockton City  
18. (a) Signature of funeral director H.C. Davis  
(b) Address Stockton, Missouri  
19. (a) June 16-41 (b) Mrs Minnie Carleton  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature Wm B Richter  
Address Stockton, Mo Date signed 6/12/41

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1066

Date Filed 7-2-41

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**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

*Melvin Church*

Licensed Embalmer No.

*3272*

P. O. Address

*Stockton*

**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.**