

AUG 18 1941

Registration District No. _____

Primary Registration District No. 4289

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town La Grange
(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 3 Years
years, months or days)

3. (a) PRINT FULL NAME Mary A. Hudson

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (e) Single, widowed, married, divorced Married

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

7. Birth date of deceased April 13th, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 3 9 hr. min.

9. Birthplace Illinois!
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name George Longcor
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Mandy Howard
15. Birthplace Illinois!
(City, town, or county) (State or foreign country)

16. (a) Informant Ren Hudson

(b) Address La Grange, Mo.

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

(c) Place: burial or cremation Palmyra, Mo.

18. (a) Signature of funeral director A. H. Webb

(b) Address La Grange, Mo.

19. (a) 6/25/41 (b) P. W. Jennings M.D.
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 056
(c) City or town La Grange, Mo. 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1941 hour 1:00 minute 0 P. M.

21. I hereby certify that I attended the deceased from Dec. 28, 1940
19____, to July 22, 1941

that I last saw her alive on July 22, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coma Duration _____

Due to Diabetes Mellitus

Due to 61

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

Major findings: Of operations No operation

Of autopsy No autopsy

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 D. J. Hester (M. D. or other) M.D.

Address La Grange, Mo. Date signed 7/24/41

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

56
020

RECEIVED

District Health Officer No. 10

District File Number

8-41-1464

Date Filed

AUG 13 1941

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.....

A. A. Roberts

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 1626

P. O. Address La Grange, Mo.

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, above space should be left blank.