

FILLED SEP 12 1941

Registration District No. 377

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital #20  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7-29-41 - 8-3-41  
3 years (Specify whether years, months or days)  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1315 Linwood Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ETHEL HUDSON

3. (b) If veteran, None name war \_\_\_\_\_  
3. (c) Social Security No. 499-16-8065

4. Sex Female (b) Color or race Negro  
5. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife William Hudson 6. (c) Age of husband or wife if alive 33 years  
7. Birth date of deceased January 24, 1907  
(Month) (Day) (Year)

8. AGE: Years 34 Months 6 Days 10 If less than one day hr. min.

9. Birthplace De Arv / Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Maid - Haddon Hall

11. Industry or business Industry  
12. Name John St. Clair  
13. Birthplace Arkansas  
14. Maiden name Mattie Colley  
15. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Patient  
(b) Address 1315 Linwood Blvd

17. (a) Burial (b) Date thereof 8/6/41  
(Burial, cremation, or removal) Lincoln Cemetery

(c) Place: burial or cremation Hatkins Bros

18. (a) Signature of funeral director Lydia  
(b) Address 1129 Lydia

19. (a) 8/6/41 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3rd  
year 1941 hour 12 minute 45 a. m.

21. I hereby certify that I attended the deceased from 7-29-41 19 to 8-3-41 19  
that I last saw her alive on August 3 19 41  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction

Due to Post operative adhesion

Due to 122B

Other conditions None other  
(Include pregnancy within 3 months of death)

Major findings: Intestinal obstruction  
Of operations due to bands of adhesions  
Of autopsy None  
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 [Signature] (M. D. or other) \_\_\_\_\_  
Address 1315 Linwood Blvd Date signed 8/6/41

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

82309

101C

**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..... *Isaac Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address. *2503 Highland*

**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.**