

FILED SEP 12 1941

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Raw
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hours
(Specify whether D)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 08000
(c) City or town Rural Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 5
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Shyath Givens Hudson
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August, day 14
year 1941 hour 7:30 minute _____ A. M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years (Day) _____ (Year) _____

21. I hereby certify that I attended the deceased from January 28 1941 to August 14 1941
that I last saw him alive on August 12 1941
and that death occurred on the date and hour stated above.

7. Birth date of deceased: June 7 1914
(Month) (Day) (Year)
8. AGE: Years 27 Months 2 Days 7 If less than one day _____ hr. _____ min.

Immediate cause of death: Brain abscess, cerebellar meningitis
Due to Right mastoiditis & petrositis
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)
Mastoidectomy by Dr. S.E. Roberts
Major findings: 1938 and July 17, 1941
Of operations: _____
Of autopsy: Right cerebellar abscess & petrositis

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

10. Usual occupation office work

11. Industry or business Missouri State Forest

12. Name W.C. Hudson
13. Birthplace Benton County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Archie Hudson
15. Birthplace Windsor Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W.C. Hudson
(b) Address Windsor, Mo.
17. (a) Burial (b) Date thereof Aug. 16, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Mo.
18. (a) Signature of funeral director Huston - Sumler
(b) Address Windsor, Mo.
19. (a) 8/14/41 (b) M. M. Brown
(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? _____ (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 Frank R. Deane (M. D. or other) M.D.
Address 630 Prof. Bldg. K. C. Mo. Date signed 8-14-41

Duration
7 mo.
1 mo.

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

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

1941-8-14
1918-6-7

27-2-7

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 Edw. M. Tilton

Licensed Embalmer No. 3391

P. O. Address Windsor, Mo

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

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