

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31541
Registrar's No. 749

Registration District No. 318

Primary Registration District No. 5440

1. PLACE OF DEATH:

(a) County. GREENE
(b) City or town. Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MEDICAL CENTER FOR FEDERAL PRISONERS, 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community 6 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State North Carolina (b) County Ashe
(c) City or town Crumpler
(If outside city or town limits, write "RURAL")
(d) Street No. Box 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15,
year 1941 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from September 9,
1941 to September 15, 1941;

that I last saw him alive on September 15, 1941,
and that death occurred on the date and hour stated above.
Immediate cause of death. Pulmonary tuberculosis
Chronic, bilateral, far advanced.
Duration
Admission to
Physician
Underline
the cause to
which death
should be
charged statistically.
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Secondary Diag.: Tuberculosis
of the intestines.

3. (a) PRINT FULL NAME HUDLER, Otis

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male-1 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased May (Month)

17, 1922 (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>19</u>	<u>3</u>	<u>28</u>	hr. min.

9. Birthplace Crumpler, North Carolina.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name James L. Hudler

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Sallie (?) Hatcher

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Deceased

(b) Address _____

17. (a) Removal (b) Date thereof Sept. 19, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. Jefferson, N. Carolina

18. (a) Signature of funeral director Springfield, Mo.

(b) Address _____

19. (a) 9-19-41 (b) W.E. Haudley, M.D.
(Date received local registrar) (Registrar's signature)

987 (Licensed Embalmer's Statement on Reverse Side)

Major findings:
Of operations _____
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? _____

While at work _____ (Specify type of place) (e) Means of injury C

23. Signature E.A. Carberry (M. D. or other)
Address E.A. Carberry, Date signed _____
Clinical Director,

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

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X

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 *R.H. Greene*

Licensed Embalmer No. 3681

P. O. Address Springfield, 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, fact should be so stated above.