

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

2
41
39
26390

FILED OCT 14 1941
Registration District No. **8-18**

Primary Registration District No. **5-2**

Registrar's No. **101**

1. PLACE OF DEATH:

(a) County **Scott**
(b) City or town **Commerce (Rural)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Rt. #.2.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **All of life** (Specify whether
In this community **All of life** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Scott**
(c) City or town **Commerce (Rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural Rt. #.2.,**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Maybelle Swope Hudnall**

3. (b) If veteran, name war **X X X** 3. (c) Social Security No. **X X X**

20. DATE OF DEATH: Month **Sept.** day **3rd.**
year **1941** hour **3** minute **05** A.M.

21. I hereby certify that I attended the deceased from **Sept 3.**
19**40** to **Sept 3.** 19**41**
that I last saw her alive on **Aug. 25** - 19**41**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **A.A. Hudnall** 6. (c) Age of husband or wife if alive **51** years
7. Birth date of deceased **Sept. 12 1908**
(Month) (Day) (Year)

Immediate cause of death **Cancer of uterus.**
Duration **Don't know**

8. AGE: Years **32** Months **11** Days **21** If less than one day
hr. min.

Due to
Due to

9. Birthplace **Nettleton Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business **At Home**

12. Name **Thomas Burton Swope**

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

14. Maiden name **Bertha Morgan**

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

16. (a) Informant **A.A. Hudnall**

(b) Address **Rt. #.2., Commerce, Mo.**

17. (a) **Burial** (b) Date thereof **9-4-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Diehlstadt, Mo.**

18. (a) Signature of funeral director **Lair-Nunnelee Service**

(b) Address **Charleston, Missouri**

19. (a) **9-5-41** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **48 h**

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

23. Signature **C.C. Presnell** (M. D. or other **D.O.**)

Address **Charleston, Mo.** Date signed **9-4-41**

