FILLED OCT 27 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34186

1. PLACE OF DEATH
County Audrain — Registration District No. 26 — File No.
Township Salt River — Primary Registration District No. 3002 — Registered No. 157
City Mexico (No. Audrain Co Hospital St. Ward)

2. FULL NAME Arthur William Hudson
(a) Residence. No. Vandalia, Mo St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 7-1941

7. AGE — YEARS: — MONTHS: 3 — DAYS: 10 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: nil
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) Mexico
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Leslie Irvin Hudson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Middletown
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Lois Peterman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo

14. INFORMANT Leslie Irvin Hudson
(Address) Vandalia, Missouri

15. FILED 9/18/ 1941 Blanche Neely REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 17 1941

17. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1941, to Sept 17, 1941, that I last saw him alive on Sept 17, 1941, and that death occurred, on the date stated above, at 9:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congenital cardiac disease.
(Defect in interventricular septum) (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) —
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy findings
(Signed) H C Krashear M. D
9/18, 1941 (Address) Mexico, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Burial - Vandalia Cemetery — DATE OF BURIAL: Sept 18 1941

20. UNDERTAKER: W.S. Waters — ADDRESS: Vandalia

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District Number 10-41-1927

Date Filed OCT 24 1941