

FILLED NOV 6 1941

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Webb City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
624 North Tom Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 22 years | (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Webb City, Mo. St.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 624 North Tom Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28th  
year 1941 hour 8:40 minute \_\_\_\_\_ P. \_\_\_\_\_ M. \_\_\_\_\_  
21. I hereby certify that I attended the deceased from Sept. 19  
1941 to Oct 28 1941  
that I last saw him alive on Oct 28 1941  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Mrs. Ruth Hudson  
3. (b) If veteran, name war no 3. (c) Social Security No. none

Immediate cause of death Pulmonary Tuberculosis

4. Sex F. 5. Color or race W. 6. (a) ~~Single~~ widowed married, divorced, married  
6. (b) Name of husband or wife Robert Hudson 6. (c) Age of husband or wife if alive no data years  
7. Birth date of deceased September 20, 1904  
(Month) (Day) (Year)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 138'

8. AGE: Years Months Days If less than one day  
37 1 8 hr. \_\_\_\_\_ min.

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Fairhope Alabama  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business home

12. Name Martin V. Keller

13. Birthplace no data Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Mimie Allen

15. Birthplace no data Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Hus. Robert Hudson  
(b) Address Webb City, Missouri

17. (a) burial (b) Date thereof 10/30/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb City Cemetery

18. (a) Signature of funeral director Hedger Nelson  
(b) Address Webb City, Missouri

19. (a) Oct. 30. 41 (b) J. L. Budwick  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury D  
23. Signature R. M. Starnum (M. D. or other) \_\_\_\_\_  
Address Webb City Mo Date signed 10/29/41

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

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41-11-897

**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..... *E. D. Hedge*

Licensed Embalmer No. *28579*

P. O. Address *St. Louis, 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.**