

FILLED OCT 28 1941
Registration District No. 19315

Primary Registration District No. 3034

Registrar's No. 188

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly, Mo.

(c) Name of hospital or institution: 808 Myra
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution no.
(Specify whether)

In this community 2 mo.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 808 Myra
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Raymond Carson Hudson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: July 7 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<input checked="" type="checkbox"/>	<u>2</u>	<input checked="" type="checkbox"/>	hr. _____ min.

9. Birthplace: _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Hudson

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

14. Maiden name Hannie Goldie

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

16. (a) Informant Mrs. Hannie Goldie Hudson

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Sept 8 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mohr and Son

(b) Address Moberly Mo

19. (a) Sept 8-41 (b) Paul Killgore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1941 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 20
1941 to Sept 7 1941
that I last saw him alive on Sept 5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pertussis Duration 2 wks

Due to worsened by pneumonia 1 wk

Due to pneumonia 2 wks

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 9

Of autopsy _____

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

22. If death was due to external causes, fill in the following:
(Accident, suicide, or homicide (specify))

(b) Date of occurrence no

(c) Where did injury occur? no
(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) (e) Means of injury _____

23. Signature Dr. H. H. H. H. (M. D. or other) 0

Address Moberly Mo Date signed 9-8-41

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

RECEIVED

District Health Officer No. 10

District File Number 10-41-1938

Date Filed OCT 24 1941

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.....

.....
working under my personal supervision.

.....
Registered Apprentice No.....

Signed.....
Flaw

.....
Licensed Embalmer No.....

.....
P. O. Address.....

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.