. No. 2
—1-4-41
5-17-39
-1 X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 13 1941

Registration District No. 887

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6180

State File No. 39764

Registrar's No.

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Shirley Walton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington
(c) City or town rural Walton
(If outside city or town limits, write "RURAL")
(d) Street No. 110
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rhada Lee Hudson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James F Hudson
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased May (Month) 9 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
65	6	7	hr. min.

9. Birthplace Brazil (City, town, or county) Mo (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER 12. Name Fendell Pleasant
FATHER 13. Birthplace Palmer (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Margaret Sanders
MOTHER 15. Birthplace Russell (City, town, or county) Mo (State or foreign country)
16. (a) Informant James F Hudson
(b) Address Shirley
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 18 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Potosi Mo
18. (a) Signature of funeral director Sparks
(b) Address Potosi Mo
19. (a) 11-16-1941 (Date received local registrar) (b) Joseph L. Thurman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16 year 1941 hour 3 minute 40 P.M.
21. I hereby certify that I attended the deceased from July 2 1941, to Nov. 16 1941, that I last saw h. alive on Nov. 10 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver and stomach. — Duration
Due to Carcinoma of right mammary gland and chest wall
Due to gland removed by operation
Other conditions 1½ years ago.
(Include pregnancy within 3 months of death)
Major findings:
Of operations 60
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:
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph L. Thurman (M. D. or other) M D
Address Potosi, Mo. Date signed 11-16-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39764

Registration District No. 887 Primary Registration District No. 6180 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH

(a) County Washington

(b) City or town Shirley
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rhado L. Hudson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased May 9 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 7 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h. alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma liver & stomach

Due to primary seat of malignancy

Due to Right mammary gland.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of right mammary gland.
Of autopsy

Duration

50

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

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph L. Thurman (M. D. or other)

Address Potosi, Mo. Date signed 12-30-42