No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11558

Registration District No. 660 Primary Registration District No. 5878 Registrar's No. 19

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

9
0
0

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Silver Lake Central Twp
(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: 77
(a) State Mo (b) County Perry
(c) City or town Silver Lake
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Roland Joseph Hudson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar 4 1942 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
		23	hr. min.

9. Birthplace Silver Lake (City, town, or county) 0 (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Chalmers Hodson
13. Birthplace Perryv Co, Mo. (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Dora Geile
15. Birthplace Perry Co, Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant Dora Hudson
(b) Address Silver Lake
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Silver Lake Mo
18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo
19. (a) 3-27-42 (Date received local registrar) (b) O. F. Prenner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27 1942
year hour minute M.
21. I hereby certify that I attended the deceased from Mar 26, 1942, to Mar 27, 1942
that I last saw him alive on Mar 26 1942, 19
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

108

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 Wm H Bailey (M. D. ~~or other~~) 0
Address Perryville Date signed 3/27 1942

1113

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 442-4

Date Filed 4-13-42

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 wit the above constitutes grounds for revocation of license.)

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