

BUREAU OF VITAL STATISTICS
FILED MAY 21 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1881

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-23-42-5-12-42
(Specify whether years, months or days) 1 month

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4315 Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JOSIE HUDGINS

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arthur Hudgins 6. (c) Age of husband or wife if alive 67 75 years

7. Birth date of deceased September 10 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 18 Days 25 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business.....

MOTHER FATHER { 12. Name Dan Brumley
13. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Foster
15. Birthplace Lexington Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. (a) Removal (b) Date thereof 5-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Denton, Tex

18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1217 Pine St. KC Mo

19. (a) 5-13-42 (b) M. M. Crowl
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1942 hour 1 minute 35 a. m.

21. I hereby certify that I attended the deceased from April 23 1942 to May 12 1942
that I last saw her alive on May 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Addison's Disease Duration

Due to 65a

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy Same as above

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) Means of injury.....

23. Signature J. J. Quinn M.D. or other
Address Gen. Hosp #2-600 E. 22 Date signed 5-13-42

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

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

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(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 with the above constitutes grounds for revocation of license.)

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