S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

18140

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 19 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 127

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town INDEPENDENCE City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 512 W. St. Charles St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO (Specify whether
In this community All life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48 0 0
(c) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL")
(d) Street No. 512 - W - St. Charles St.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Clay Arthur Hudson

3. (b) If veteran, name war NO.

3. (c) Social Security No. 500-03-935

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife Eliza Hudson

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased 12 (Month) 19 (Day) 1889 (Year)

8. AGE: Years 52 Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation Porter

11. Industry or business Barber Shop

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

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

16. (a) Informant Eliza Hudson
(b) Address 512 W. - St. Charles

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 3 (Day) 42 (Year)
(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director C. E. Davis
(b) Address 312 E. Lexington - Indep. Mo.

19. (a) May 4-42 (Date received local registrar) (b) James W. Ross (Registrar's signature)

1143

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-27-42 day
year hour minute 1 P M.

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

Immediate cause of death Electrocution
Due to Struck by Lightening
Due to
Other conditions (Include pregnancy within 3 months of death) 192
Major findings:
Of operations 99
Of autopsy

Duration

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) Accident 120
(b) Date of occurrence 4-27-42
(c) Where did injury occur? Independence (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On R.R. Rightaway (Specify type of place)
While at work? (e) Means of injury

23. Signature Russell W. Lee (M. D. or other)
Address Date signed

(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. L. J. Harris, Sr.

Licensed Embalmer No. 3388

P. O. Address K. C. Mo.

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.