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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18811

Registration District No. 152 Primary Registration District No. 4437 Registrar's No. 35

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

1. PLACE OF DEATH:
(a) County RANDOLPH
(b) City or town HIGBEE
(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 LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County RANDOLPH 88 0 0
(c) City or town HIGBEE
(If outside city or town limits, write "RURAL")
(d) Street No. NONE
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JOHN MONTGOMERY HUDSON
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED /
6. (b) Name of ~~husband~~ or wife MARY FARLEY HUDSON
6. (c) Age of ~~husband~~ or wife if alive 62 years
7. Birth date of deceased NOVEMBER (Month) 30 (Day) 1868 (Year)

8. AGE: Years 73 Months 5 Days 8 If less than one day hr. min.

9. Birthplace RANDOLPH Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation BUTCHER
11. Industry or business RETIRED
FATHER
12. Name JAMES A. HUDSON
13. Birthplace ~~[illegible]~~ KENTUCKY ~~[illegible]~~ 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ORPHA TUCKER
15. Birthplace RANDOLPH Co. (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant MRS MARY FARLEY HUDSON
(b) Address HIGBEE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ TUCKER CEMETARY
18. (a) Signature of funeral director G. R. Cambier and
(b) Address Kirby Miller Higbee Mo.
19. (a) 6-1-42 (Date received local registrar) (b) Mrs. P. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1942 hour 4 minute 55 P.M.
21. I hereby certify that I attended the deceased from May 3, 1942 to May 7, 1942
that I last saw him alive on May 6, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage about 5 days
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations No Operation
Of autopsy No 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 2
23. Signature W. V. Hudson M.D. or other DO
Address Higbee, Mo Date signed 5-8-42

1027

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-42-1213
Date Filed JUN - 8 1942

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 E W Freemont

Licensed Embalmer No. 3978

P. O. Address Glasgow 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.