

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19311

State File No. _____

Registration District No. 903

Primary Registration District No. 4548

Registrar's No. _____

1. PLACE OF DEATH:

(a) County North

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

(c) Name of hospital or institution High Street 1
(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 MO (b) County North

(c) City or town Grant City
(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 OTHNIEL BRUNER HUDSON

3. (b) If veteran. name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 15
year 1942 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from April-10-42
1942 to 5-15-42 1942

that I last saw him alive on 5-15 1942
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Esther Hudson 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Feb 16 1860
(Month) (Day) (Year)

Immediate cause of death Mitral regurgitation
hypertension

Duration 5 yrs

8. AGE: Years 82 Months 2 Days 29
If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations ✓

Of autopsy no

10. Usual occupation Lawyer

MOTHER FATHER

11. Industry or business _____

12. Name Walter Scott Hudson

13. Birthplace Shuylersburg Penn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Esther Clark

15. Birthplace Perryville Ind. 1
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

928

16. (a) Informant Esther Hudson

(b) Address Grant City, Mo.

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

(c) Place: burial or cremation Grant City, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? ✓

18. (a) Signature of funeral director A. C. Dangler

(b) Address Grant City, Mo.

19. (a) May 20 1942 (b) Adlene Scadden
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Manner of injury 1

23. Signature [Signature] (M.D. or other) _____

Address Grant City, Mo. Date signed 5-15-42

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

310

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.....

Arch C. Dunfee

Licensed Embalmer No.....

3252

P. O. Address.....

Grant city, 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.