

FILED SEP 10 1942  
Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: Home /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community 25 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Caruthersville  
(If outside city or town limits, write "RURAL")

(d) Street No. 8th, St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James C. Hudspeth

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male (1) 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gertrude Hudspeth

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased August 5, 1863  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months    | Days      | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
|         | <u>78</u> | <u>II</u> | <u>29</u> | _____ hr. _____ min. |

9. Birthplace Maury Co. Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph E. Hudspeth

13. Birthplace Middle, Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Tyllitha Anderson

15. Birthplace Middle, Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James Hudspeth

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 8/6/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director A. S. Smith

(b) Address Caruthersville, Mo.

19. (a) 8-6-1942 (b) Jesse N. Marney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th,  
year 1942 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 28, 1942, to August 4, 1942

that I last saw him alive on August 4, 1942

and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis with myocardial degeneration.

Due to Chronic nephritis.

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

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) \_\_\_\_\_

(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) (e) Means of injury \_\_\_\_\_

23. Signature Jesse N. Marney (M. D. or other) \_\_\_\_\_

Address Caruthersville, Mo. Date signed 8/6/42

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

78  
20-78

78  
1  
2

0

12/31

1206

