

FILED DEC 12 1942
133

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 4205

Registrar's No. 87

41
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. Harrison

(b) City or town. Gilman City, Mo.
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Harrison

(c) City or town. Gilman City, Mo.
(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. JAMES S. HUDSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16
year 1942 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from August 1942, to Nov 16 1942
that I last saw him alive on Nov 15 1942
and that death occurred on the date and hour stated above.

4. Sex. male

5. Color or race. white

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

6. (b) Name of husband or wife. Hester in Hudson

6. (c) Age of husband or wife if alive. 71 years

7. Birth date of deceased. July 18 1867
(Month) (Day) (Year)

Immediate cause of death. Pneumonia Bronchial

Duration 3 days

8. AGE: Years 75 Months 9 Days 28
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace. Harrison Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name John P. Hudson

13. Birthplace State of Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Archie Hugh

15. Birthplace Bundy Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Hester Hudson

(b) Address Gilman City, Mo.

17. (a) Burial (b) Date thereof 11-18-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Clearcut Cemetery

18. (a) Signature of funeral director W. J. Haines

(b) Address Gilman City, Mo.

19. (a) Nov 30-1942 (b) Zola M. Burris
(Date received local registrar) (Registrar's signature)

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 W. L. Warren (M. D. or other) MD

Address Gilman City, Mo. Date signed 11/20/42

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.....

W.D. Haines

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *W.D. Haines*

Licensed Embalmer No. *942*

P. O. Address *Wichita 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.