No. 2
1-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41639

State File No.

LED JAN 11 1943

Registration District No. 280 Primary Registration District No. 5962 Registrar's No. 21

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

1. PLACE OF DEATH:
(a) County: Platte
(b) City or town: Rural Marshall Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: all of life

2. USUAL RESIDENCE OF DECEASED: 83
(a) State: Missouri (b) County: Platte
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Weston, Missouri
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Lee Hudson
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Dec. (Month) 15 (Day) 1869 (Year)
8. AGE: Years 73 Months 0 Days 1 If less than one day hr. min.
9. Birthplace: unknown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: farmer
11. Industry or business:
MOTHER FATHER
12. Name: Benjamin Hudson
13. Birthplace: unknown (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Sarry Ann Moore
15. Birthplace: unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Handy
(b) Address: Weston, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 18/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Ridge Cem.
18. (a) Signature of funeral director: W.R. Vaughn
(b) Address: Weston, Missouri
19. (a) 12-17-42 (Date received by local registrar) (b) Mrs Clay Siffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1942 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from Dec 16, 1942 to 19..; that I last saw him alive on Dec 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis — Duration
Due to: Arteriosclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death): none
Major findings:
Of operations:
Of autopsy: none

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): no
(b) Date of occurrence: none
(c) Where did injury occur? none (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: R. J. Felling (M. D. or other) D.O.
Address: Weston Mo Date signed 12/17/42

1207 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Platte

District File Number 1-43-9

Date Filed 1-6-43

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.