S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

1149

State File No.

Registration District No. 149 FILED FEB 10 1943

Primary Registration District No. 1002

Registrar's No. 383

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution: General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-4-43-1-19-43 (Specify whether
In this community 40 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 1511 Lydia
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

**3. (a) PRINT FULL NAME** APPEE HUDSON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro 3

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Grant Hudson

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

7. Birth date of deceased December (Month) 14 (Day) 1900 (Year)

8. AGE: Years 42 | Months 1 | Days 5 | If less than one day hr. min.

9. Birthplace Lafayette County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation unemployed

11. Industry or business

FATHER
12. Name Harry Evans
13. Birthplace Richmond (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Martha Slaughter
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/43 (Month) (Day) (Year)
(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia

19. (a) 1-25-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 19
year 1943 hour 12:05 minute a. M.

21. I hereby certify that I attended the deceased from January 4, 1943 to January 19, 1943
that I last saw her alive on January 19, 1943
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Hypostatic Broncho-pneumonia | |
| Due to Chronic Myocarditis | |
| Due to | |
| Other conditions Fracture of right knee cap. (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of 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) Acc 023
(b) Date of occurrence Jan 3 1943
(c) Where did injury occur? K C (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury Fall

23. Signature S. C. Sierwer (M. D. or other)
Address Gen. Hosp 42-600 E 22 Date signed 1-20-43

(Licensed Embalmer's Statement on Reverse Side)

## 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.....Jerome Manlove

Licensed Embalmer No.....3994

P. O. Address.....2503 Highland

**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.**