. S. No. 2
OM—5-42
v. 5-17-39
X32875

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

9127

State File No. .....

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1151

**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:
K.C. General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)
In this community 17 Years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

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

(d) Street No. 1917 East 71st St. Terrace
(If rural, give location)

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

3. (a) PRINT FULL NAME John Hudson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Not known

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

7. Birth date of deceased March (Month) 17 (Day) 1864 (Year)

8. AGE: Years 78 Months 11 Days 18 If less than one day ..... hr. ..... min.

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

10. Usual occupation Blacksmith

11. Industry or business retired

FATHER
12. Name Hudson
13. Birthplace Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Baker
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Josie Hill
(b) Address 1917 East 71th St. Terrace

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-7-43 (Month) (Day) (Year)
(c) Place: burial or cremation Fairplay Mo.

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood Blvd.

19. (a) 3/7/43 (Date received local registrar) (b) M. M. Crosser (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 5th year 1943 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from 2-21-43, 19..., to 3-5-43, 19...; that I last saw him alive on 3-5-43, 19...; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Carcinoma of the junction of the common and cystic duct involving liver, pancreas and gall bladder | |
| Due to Primary Cancer of Pancreas | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations .....
Of autopsy See above

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 Wm. R. Thom (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed .....

(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 Chas Wilkes

Licensed Embalmer No. 2644

P. O. Address 1800 Kinwood

**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.**