

ED MAR 31 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1397

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 2440 Woodland 1
(d) Length of stay: In hospital or institution 10 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2440 Woodland
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME

Mamie Mary Hudson

3. (b) If veteran, name war

no

3. (c) Social Security No.

none

4. Sex

Female

5. Color or Race

Colored

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

6. (b) Name of husband or wife

Charles

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

years

7. Birth date of deceased

Jan

(Month)

(Day)

1880 (Year)

8. AGE:

Years

Months

Days

If less than one day

43 Jan

hr. min.

9. Birthplace

Kansas

(City, town, or county)

(State or foreign country)

10. Usual occupation

General housework

11. Industry or business

MOTHER

12. Name Unknown

13. Birthplace Unknown

(State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown

(State or foreign country)

16. (a) Informant

B. F. Graham

(b) Address

2208 Vine

17. (a) Date of death

March 23, 1948

(Month) (Day) (Year)

(c) Place of burial or cremation

Blue Ridge

18. (a) Signature of funeral director

N. N. Brown

(b) Address

2208 Vine

19. (a) 3-22-48

(b) Dr. M. Brown

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15 year 1943 hour 5:30 minute a. M.

21. I hereby certify that I attended the deceased from Deputy Coroner

that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Dilatation of Heart

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Susp - History

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 L. P. Richardson (M. D. or other)

Address 1832 Vine Date signed 3-22-48

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

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.....

B. J. Graham

Licensed Embalmer No. *25710*

P. O. Address *2523 Woodlan*

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.