

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11802

FILED APR 14 1943
Registration District No. 374

Primary Registration District No. 6273

Registrar's No.

1. PLACE OF DEATH

(a) County Worth
(b) City or town Grant City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Stitchell Township
(If not in hospital or institution, write street number and name)
(d) Length of stay: In hospital or institution Life (Specify whether
In this community Life (Specify whether
years, months or days)

8. (a) PRINT FULL NAME MARK POMEROY HUDSON

3. (b) If veteran, name war. No. 3. (c) Social Security

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, 2 divorced
6. (b) Name of husband or wife Grace D. Hudson 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June - 13 - 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 11 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business
12. Name Walter Scott Hudson
13. Birthplace Uniontown Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Allen
15. Birthplace Uniontown Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Hudson
(b) Address Grant City, MO.

17. (a) Burial (b) Date thereof 2-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City, MO.

18. (a) Signature of funeral director John C. Dwyer

(b) Address Grant City, MO.

19. (a) March 5-1943 (b) Adeline Scadden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Worth
(c) City or town Grant City - rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24
year 1943 hour 330 minute P.

21. I hereby certify that I attended the deceased from Feb 24
1943 to Feb 24, 1943
that I last saw him alive on Feb 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction of heart Duration 5 hrs

Due to

Due to

Other conditions ✓
(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) ✓

(b) Date of occurrence

(c) Where did injury occur? ✓

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature R. H. Hays (M. D. or other)

Address Grant City, MO. Date signed 2-25-43

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

Arch C Dumble

Licensed Embalmer No.

3252

P. O. Address

Grant 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, above space should be left blank.