V. S. No. 2
0M—5-42
ev. 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

20413

State File No. 2641

FILED JUN 24 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1215 Park /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community about 35 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48 3 8
(c) City or town K.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 1215 Park
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clarence H. Hudson

3. (b) If veteran, name war —

3. (c) Social Security No. 486-09-8439

4. Sex M.

5. Color or race Col 2

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

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

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Apr. (Month) 8 (Day) 1896 (Year)

8. AGE: Years 47 Months 21 Days 16 21 If less than one day hr. min.

9. Birthplace Ottawa Kans. /
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business Land-Goddard

FATHER
12. Name Green Hudson
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lottie Hudson, wife
(b) Address 1215 Park

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11, 43 (Month) (Day) (Year)
(c) Place: burial or cremation Highland K.C. Mo

18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C. Mo.

19. (a) 6-11-43 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1943 hour 2:30 minute A.M.

21. I hereby certify that I attended the deceased from May 24, 1943, to May 29, 1943 that I last saw him alive on May 28, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia

Due to 108

Due to

Other conditions (Include pregnancy within 3 months of death) 108

Major findings:
Of operations
Of autopsy

Duration

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

23. Signature G. W. Brown (M. D. or other)
Address 1705 E 12 Date signed June 10-43

(Licensed Embalmer's Statement on Reverse Side)

AUG 1 1 19

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 A. T. Moore

Licensed Embalmer No. 948

P. O. Address Kansas 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, fact should be so stated above.