

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hall (city clinic)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 MINUTES  
In this community 2 1/2 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 537 N. Pine  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME JOHNNY LEON PAUL HUDSON

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

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive 29 years  
7. Birth date of deceased April 17 1941  
(Month) (Day) (Year)

8. AGE: Years 2 Months 4 Days 9 If less than one day hr. min.

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

10. Usual occupation BABY

11. Industry or business babys  
(Deduce) Carl Hudson

13. Birthplace Springfield MO  
(City, town, or county) (State or foreign country)

14. Maiden name Pratt

15. Birthplace Franklin Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant J. D. Pratt

(b) Address 537 N. Pine, Spfld. Mo

17. (a) burial (b) Date thereof Aug 28 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director Fred C. Stearns

(b) Address 1008 Knoxville Ave. Spfld. Mo.

19. (a) 8-26-43 (b) S. W. Handy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26  
year 1943 hour 8 minute 15 AM

21. I hereby certify that I attended the deceased from 7-29, 1943, to 8-26, 1943  
that I last saw him alive on 8-25, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis (Miliary)  
Due to W. Loepritz, 1002 1/2 3rd

Other conditions (Include pregnancy within 3 months of death) 13 ft

Major findings: Of operations

Of autopsy

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 E. L. Keenan  
Address Spfld. Mo. Date signed 8-26-43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

470

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**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.....

*Fred J. [unclear] [unclear]*

Licensed Embalmer No.....

*2899*

P. O. Address.....

*Springfield, Ill.*

**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.**