. S. No. 2
M—9-4-41
5-16

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29054

FILED AUG 16 1943

Registration District No. 2 7 7

Primary Registration District No. 3940

Registrar's No. 34

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Rural - Hartford (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Near - New Hartford Mo (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pike
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Hartford Township (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Mary Ethel Hudson

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Fred L Hudson

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: July (Month) 20 (Day) - 1883 (Year)

8. AGE: Years 60 Months 0 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace: Pike Co. - Hartford Township (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Wife

11. Industry or business: at home

MOTHER FATHER
12. Name: McKinley Hays
13. Birthplace: Ashley (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Birdie Anne [illegible]
15. Birthplace: New Hartford Twsh. (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Fred Hudson
(b) Address: New Hartford Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7 - 23 - 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Concord Cemetary

18. (a) Signature of funeral director: M. B. Elmore
(b) Address: Bowling Green Mo.

19. (a) July 30/43 (Date received local registrar) (b) Mrs Frank Dodson (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1943 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from Aug 2 1940 to July 20 1943 that I last saw her alive on July 20 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to: Hypertension	
Due to: Cater[illegible]	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 9 40
Of autopsy: None

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: Eugene Dorsey M.D. (M. D. or other)
Address: Bowling Green, Mo Date signed 7/23/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-43-1414
Date Filed AUG 13 1943

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 W. B. E. Moore

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.