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35697

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

FILED DEC 13 1943

State File No. _____

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 345

1. PLACE OF DEATH: Pettis

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1719 South Carr
(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 _____ 6 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia
(If outside city or town limits, write "RURAL") 7

(d) Street No. 1719 South Carr
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME John Hudson

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31 year 1943 hour 8:45 minute A.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Maude Purdy Hudson

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased January 6, 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 10, 1943 to Oct 20, 1943
that I last saw him alive on Oct 24, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 9 Days 25
If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Occlusion

Due to Myocarditis - replectic & Pericarditis

Due to _____

9. Birthplace Adams County, Illinois
(City, town, or county) (State or foreign country)

Other conditions replectic & Pericarditis 2pc
(Include pregnancy within 3 months of death)

10. Usual occupation Retired R.R. worker

Major findings: Altered Mammary

11. Industry or business Rock Island

12. Name James Hudson

13. Birthplace Adams County, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hudson

15. Birthplace unknown, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Bert Hudson (son)

(b) Address 1719 South Carr, Sedalia, Mo.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 11/3/43
(Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Ewing Funeral Home

(b) Address Sedalia, Mo.

19. (a) 11/2/43
(Date received local registrar) (b) Ma Anne Berger
(Registrar's signature)

Of autopsy none 1218

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)

(a) Means of injury 0

23. Signature Dr. Fred O. Howe (M. D. or other) _____
Address 111 W 4 Sedalia Mo Date signed 11-2-43

Dr. Monroe

7-40A3

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-12-43

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 *John E. Myers*

Licensed Embalmer No. 13220

P. O. Address Sedalia, 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.