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ev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 6 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 880

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
Vineyard Park Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months  
(Specify whether years, months or days)

In this community 2 Months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. ....  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Miss Ora Hudson

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. 19 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 3 34 hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name James H. Hudson

13. Birthplace Maysville, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Oldham

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

16. (a) Informant Mrs. Ollie Aldrich

(b) Address Weatherby, Missouri

17. (a) Removal (b) Date thereof 2-24-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Weatherby, Mo.

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 2-23-44 (b) J. C. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23rd  
year 1944 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from 3-1-44 to 2-23-44  
that I last saw her alive on Feb 22 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 2 weeks

Due to arteriosclerosis 18 Mos

Due to

Other conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings:  
Of operations None

Of autopsy 61

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature J. C. Brown (M. D. 0)  
Address 1124 West 10th Date signed 11/0

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

**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 Walter H. Erwin

Licensed Embalmer No. 4352

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.**

603 Commerce Bldg  
12:43 P.M.