S. No. 2
M—5-42
v. 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

State File No. 10647

FILED APR 7 1944

Registration District No. 42

Primary Registration District No. 5238

Registrar's No. 1

20
0
0

1. PLACE OF DEATH:

(a) County: Cedar

(b) City or town: Rural-Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
XXXXXX
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: XXX (Specify whether years, months or days)
In this community: XXXX

2. USUAL RESIDENCE OF DECEASED: 20

(a) State: Missouri (b) County: Cedar 0

(c) City or town: Rural-Jefferson Township 0
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME: CHARLES ELMER HUDSON

3. (b) If veteran, name war: XXXX

3. (c) Social Security No. 497-12-7528

4. Sex: Male

5. Color or race: whtie

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

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

6. (c) Age of husband or wife if alive: 52 years

7. Birth date of deceased: Feb (Month) 3, (Day) 1888 (Year)

8. AGE: Years 56 | Months 1 | Days 5 | If less than one day: XXXXXX min.

9. Birthplace: Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: XX

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

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

16. (a) Informant: Iza Hudson
(b) Address: Qumansville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-12-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Lindley Prairie

18. (a) Signature of funeral director: Church and Neale
(b) Address: Stockton, Missouri

19. (a) 3-26-'44 (Date received local registrar) (b) Mrs Lethel Chunk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1944 hour 5 minute 40 A.M.

21. I hereby certify that I attended the deceased from 8-24-, 1941, to 3-8-, 1944; that I last saw him alive on 3-8-, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinomas Metastases to all lymph glands. Primary lesion	
Due to: undetermined	3yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): 559	

Major findings:
Of operations:
Of autopsy:

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: 0

23. Signature: W. B. Richter (M. D. or other)
Address: Stockton Date signed 3-10-44

127 K (Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 7,
Dist. 3-44-336
Date 4-6-44

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton

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.