

FILED JUN 8 1944

State File No. _____

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 165

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hospital No. 12
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 1 yr 2 m 20 d
(Specify whether years, months or days)

In this community yes

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Chariton

(c) City or town Dalton
(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 _____

3. (a) PRINT FULL NAME James H Hudson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1944 hour 7-40 minute _____ P. M.

21. I hereby certify that I attended the deceased from 5-9-1944 to 5-13-1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Bessie Hudson 6. (c) Age of husband or wife if alive 29 1/2 years

7. Birth date of deceased May 11 1865
(Month) (Day) (Year)

Immediate cause of death Myocardial Infarction

Due to Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 932

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 79 Months _____ Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Elic Hudson

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

14. Maiden name Reed

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

16. (a) Informant Reed

(b) Address _____

17. (a) Removal (b) Date thereof 5/13/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Keosauqua, Mo

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

(b) Address Fulton, Mo D. L. Browning

19. (a) 5-13-44 (b) Joie Morrison
(Date received local registrar) (Registrar's signature)

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? 5

(Specify type of place) _____

(c) Means of injury _____

23. Signature George H. Reed (M. D. or other) M.D.

Address Fulton, Mo Date signed 5/13/44

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

14
1
2

MOTHER FATHER

1140

