16985

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. FILED JUN 2 1944 Primary Registration District No. 6017 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community All His Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

(c) City or town Camden, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. # 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country U.S.A.

3. (a) PRINT FULL NAME GEORGE E. HUDGENS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bessie (Burnett) Hudgens

6. (c) Age of husband or wife if Liv. Alive years

7. Birth date of deceased Nov. (Month) 23 rd. (Day) 1873. (Year)

8. AGE:

Years	Months	Days	If less than one day
70	5	11	....hr. ....min.

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

10. Usual occupation Framer

11. Industry or business

FATHER
12. Name Robert Hudgens
13. Birthplace Ray Co. Missouri. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Sagrey
15. Birthplace Ken. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geo. Hudgens
(b) Address Camden, Mo.

17. (a) Craven Cem. (Burial, cremation or removal) (b) Date thereof 5-7-44. (Month) (Day) (Year)
(c) Place: burial or cremation Craven Cem.

18. (a) Signature of funeral director J. B. Brothers,
(b) Address Richmond, Mo.

19. (a) 5/6/44 (Date received local registrar) (b) A. G. Simmons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 th. year 1944, hour 4 minute A. M.

21. I hereby certify that I attended the deceased from May 1st 1944 1944, 19..., to May 4th 19 44, that I last saw him alive on May 4th 19 44, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Angina Pectoris	
Due to Diseased Gaul Bladder of 2 years Standing	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 J. V. Smith (M. D. or other)

Address Hunnewell, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6-5-44

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 J B Brothers, Registered Apprentice No. ——— working under my personal supervision.

Brothers Funeral Home

Signed J B Brothers

Licensed Embalmer No. 2001

P. O. Address Richmond

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.