

FILED SEP 12 1944

Registration District No. 168

Primary Registration District No. 42575610

Registrar's No.

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Lecton "Rural" Jefferson Tp.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Lecton "Rural" Jefferson Tp.
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME MARY MATILDA HUDSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16 year 1944 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 1 1944 to Aug 16 1944
that I last saw her alive on Aug 16 1944 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Gilbert Hudson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 4 1877
(Month) (Day) (Year)

Immediate cause of death Cerebral apoplexy Duration 2 weeks

Due to Arterial Hypertension

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

67 7 12 hr. _____ min.

Due to _____

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

Major findings: J3a1

Of operations _____

Of autopsy _____

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER, FATHER { 12. Name Samuel Hopkins

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

14. Maiden name George

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

16. (a) Informant Glenn Hudson

(b) Address Calhoun MO

17. (a) Burial (b) Date thereof 8-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Cemetery

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton, MO

19. (a) Aug 18, 1944 (b) Rob Brannaman
(Date registered 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? _____

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

23. Signature Ray Jordan (M. D. or other) _____

Address _____ MO Date signed 8/17/44

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

1026

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.....

Ted Wilkerson

Licensed Embalmer No.

2478

P. O. Address.....

Clinton 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.