

FILED JUN 11 1945
Registration District No. 128

Primary Registration District No. 2000

State File No. _____
Registrar's No. 422

1. PLACE OF DEATH: **GREENE**

(a) County **Greene**

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

(c) Name of hospital or institution: **Mary E. Wilson Home** **4**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **18 months**
(Specify whether years, months or days)

In this community **64 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**

(c) City or town **Springfield,**
(If outside city or town limits, write "RURAL") **60**

(d) Street No. **710 E. Elm**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Retta Lee Hudnall**

3. (b) If veteran, name war **None**

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 **None**

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

7. Birth date of deceased **January 6, 1866**
(Month) (Day) (Year)

8. AGE: Years **79** Months **4** Days **15** If less than one day hr. _____ min. _____

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

10. Usual occupation **Housewife** **Home**

11. Industry or business **In Home**

MOTHER FATHER { 12. Name **John R. Hudnall**

13. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)?

14. Maiden name **Elizabeth Harold**

15. Birthplace **Unknown Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dolph Hudnall**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **May 23, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **5-24-45** (b) **S. H. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **21**, year **1945** hour **4:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **1940** to **5/21/45**, 19____, that I last saw her alive on **5/20/45**, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhages**

Duration **1 yr.**

Due to **Arteriosclerosis** ?

Due to _____

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

Major findings: Of operations **gsw**

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 _____

23. Signature **J. B. Jammon** (M.D. or other) **M.D.**

Address **Springfield, Mo.** Date signed **5/24/45**

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

19
62
6

APR 11 1951

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

Harlow Knoble

Licensed Embalmer No. *4065*

P.O. Address *Springfield, 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.

X