No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25351

FILED 3 18 16 1945

Registration District No. 3

Primary Registration District No. 6288

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Grovespring (Rural) Unincorporated
(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 76 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114

(c) City or town Grovespring (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Miles Jehial Hudson

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

3. (c) Social Security No. None

4. Sex O M

5. Color or race W

6. (a) Single, widowed, married, divorced W V

6. (b) Name of husband or wife Martha Ellen Hudson

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

7. Birth date of deceased April (Month) 21 (Day) 1851 (Year)

8. AGE: Years 94 Months Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Shelby County (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Franklin Hudson
13. Birthplace ..... (City, town, or county) So. Carolina (State or foreign country)

MOTHER
14. Maiden name Margaret Perryman
15. Birthplace ..... (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Miss Ruby Hudson
(b) Address Grovespring, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/3/45 (Month) (Day) (Year)
(c) Place: burial or cremation Bramhall Cemetery

18. (a) Signature of funeral director Gene Holdren
(b) Address Hartville, Mo.

19. (a) July 3 - 1945 (Date received local registrar) (b) Dora Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th
year 1945 hour 9:15 minute A. M.

21. I hereby certify that I attended the deceased from About March 15, 1945 to April 30, 1945
that I last saw him alive on about April 1st, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the thyroid (or at least a growth of the thyroid - presumably a carcinoma	3 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

55c

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 Guy D Callaway (M. D. or other) MD
Address Springfield Date signed 6/16/45

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(Licensed Embalmer's Statement on Reverse Side)

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 Gene E. Holden

Licensed Embalmer No. 3865

P. O. Address Hartville 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.