S. No. 2
M—8-43
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I X37823

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

40140

State File No.

FILED JAN 9 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5180

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 30 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 1220 East Armour Blvd. (If rural, give location) 8

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

If yes, name country

3. (a) PRINT FULL NAME Carl Hayes HUDSON

3. (b) If veteran, name war No.

3. (c) Social Security No. 495-07-8918.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary C. Hudson

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased February 19th, 1884. (Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 26 If less than one day hr. min.

9. Birthplace Union Star, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Manager

11. Industry or business Retail Drug Store

FATHER
12. Name William McDonald Hudson
13. Birthplace Greenbank West Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Palmer
15. Birthplace Memphis Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary C. Hudson

(b) Address 1220 E. Armour, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/45. (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar

(b) Address 1800 Linwood, K.C. Mo.

19. (a) 12/17/45. (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th year 1945 hour 3:45 minute A.M. M.

21. I hereby certify that I attended the deceased from Dec 14, 1945, to Dec 15th, 1945 that I last saw him alive on Dec 14, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetic Coma - Bronchopneumonia	Recent. a few days
Due to Diabetes Mellitus	many years
Due to Acute Upper Respiratory Infection	1 WEEK

Other conditions (Include pregnancy within 3 months of death) Known by me & treated by me for many years - Not seen in many months until 14th

Major findings: Of operations No operation

Of autopsy Yes - findings as above

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 Carl R Ferris (M. D. or other)

Address 934 Argyle Bldg Kansas City, Mo Date signed Dec 16, 1945

(Licensed Embalmer's Statement on Reverse Side)

DrCarlFarris-934 Argyle Bldg-till 6pm. Tel. MA 8227

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.