No. 2
—2-43
-17-39
X35697

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

Dr. Mason

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5248

FILED MAR 11 1946

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 173

1. PLACE OF DEATH:

(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: 724 E. Locust (If not in hospital or institution, write street number or location)

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

In this community: 7 Months

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") 21

(d) Street No.: 724 E. Locust (If rural, give location) 6

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

If yes, name country

3. (a) PRINT FULL NAME: Hiram William Hudgens

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

3. (c) Social Security No. 489-07-0358

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Violet Hudgens

6. (c) Age of husband or wife if alive: 31 years

7. Birth date of deceased: Oct. (Month) 6 (Day) 1907 (Year)

8. AGE: Years	Months	Days	If less than one day
38	4	12	hr. min.

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

10. Usual occupation: Fireman

11. Industry or business: Frisco R.R.

FATHER

12. Name: Gilmore Hudgens

13. Birthplace: UNK. (City, town, or county) Kentucky (State or foreign country) 1

MOTHER

14. Maiden name: Florence David

15. Birthplace: Newburg (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Mrs. Violet Hudgens

(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/20/46 (Month) (Day) (Year)

(c) Place: burial or cremation: Maple Park

18. (a) Signature of funeral director: H. H. Lohmeyer

(b) Address: Springfield, Mo.

19. (a) 2-21-46 (Date received local registrar) (b) D. M. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18 year 1946 hour 2 minute a. M.

21. I hereby certify that I attended the deceased from ON 2-17-46, 19..., to ..., 19...; that I last saw him alive on 2-17-46, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: CEREBRAL EMBOLIS	Duration
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 83b
Of autopsy: NEG. CARDIAC FINDINGS

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: 2

23. Signature: Howard T. Mason (M. D. or other) D.O.

Address: 606 E. Sunshine Springfield Mo. Date signed: 2-21-46

111 (Licensed Embalmer's Statement on Reverse Side)

APR 11 1946

MAR 19 1946

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. Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address. Springfield Ma

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.