

FILED MAR 6 1946  
STATE BOARD OF HEALTHDivision of Vital Statistics, State of Kansas *mo*Registrar's No. 156-2004

## 1. PLACE OF DEATH:

(a) County Jasper  
 (b) City or township Jasper mo  
 (If outside city or town limits, write RURAL)  
 (c) Name of hospital or institution: St Johns Hospital  
 (If not in hospital or institution write street number or location)  
 (d) Length of stay: In hospital or institution. (Specify whether

In this community \_\_\_\_\_ years, months or days)

3 (a) FULL NAME Richard Lewis Hudspeth

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

4. Sex Male 5. Color or race white 6 (a) Single, widowed, married, divorced single

6 (b) Name of husband or wife Inf. 6 (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. 2 6 46  
 (Month) (Dny) (Year)

8. AGE: Years Months Days If less than one day  
 — — 1 — — hr. min.

9. Birthplace Joplin mo  
 (City, town or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Dr. R. L. Hudspeth

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

14. Maiden name Clara Jean Berry

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

16 (a) Arthur Berry  
 (Informant's own signature)

(b) Address Baxter Springs Kas.

17 (a) Removal (b) Date thereof 2-8-46  
 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Baxter Springs  
 (Name and address of cemetery)

18 (a) Signature of funeral director Madame Wene F Horn

(b) Address Baxter Springs Kansas

19 (a) 2-12-46 (b) Ed J. Jones  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee  
 (c) City or town South Military  
 (If outside city or town limits, write RURAL)  
 (d) Street No. Baxter Springs Kansas  
 (If rural give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. Date of death: Month 2 Day 7 Year 46  
 Hour 9 Minute 30 A.M.

21. I hereby certify that I attended the deceased from 2-7-46, 1946, to 2-7-46, 1946, that I last saw him alive on 2-7-46, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death P. pneumoniae

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 8 months of death)

Major findings:  
 Of operations 156

Of autopsy \_\_\_\_\_

DURATION

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? 7  
 (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Ed J. Jones (M. D. or other) Ed J.  
 Address Baxter Springs Date signed 2-9-46

86-2-129

**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 Hoskins - Wene Funeral

Home

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

(Signed)

Jane Wene

Licensed Embalmer No. 2880 mo.

P. O. Address. Baxter Springs, Mo.

**NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.**

If this body is not embalmed, fact should be so stated above.