

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. **12039**

Registration District No. **379**

Primary Registration District No. **6213**

Registrar's No. **13**

1. PLACE OF DEATH:
(a) County **North**
(b) City or town **Rural, Gletchall**
(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
In this community **Life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **ADA BELLE HUDSON**
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **M** 5. Color or race **N**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive, years
7. Birth date of deceased **Feb 11 1865**
(Month) (Day) (Year)

8. AGE: Years **80** Months **11** Days **15** If less than one day hr. min.

9. Birthplace **Grant City Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **School teacher**

11. Industry or business

12. Name **Walter L. Hudson**

13. Birthplace **Huntington B. Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Ellen Early**

15. Birthplace **Perry Point Ind.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter Hudson**

(b) Address **Grant City Mo.**

17. (a) **Burial** (b) Date thereof **1-28-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Grant City Can.**

18. (a) Signature of funeral director **John C. Duffler**

(b) Address **Grant City Mo.**

19. (a) **March 7-46** (b) **Peter E. Dawson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **North**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Grant City**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **1** day **26**
year **46** hour **1** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Jan 26 1946**
that I last saw him alive on **Jan 26 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial degeneration of heart**
Duration **5 hrs**

Due to

Due to

Other conditions **Influenza**

(Include pregnancy within 3 months of death)

Major findings: **92d**

Of operations

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 **W. R. Pass** (M. D. or other)

Address **Grant City MO** Date signed **1-27-46**

JAN 25 1954

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *Arch C. Dingle*

Licensed Embalmer No. *3252*

P. O. Address..... *Grant 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.