

FILED AUG 6 1946

Registration District No. 28

Primary Registration District No. 3006

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

1. PLACE OF DEATH:

(a) County Bolivar
(b) City or town Columbia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: University Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs 50 min
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis
(c) City or town Smithton
(If outside city or town limits, write "RURAL")
(d) Street No. Box 266
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELBERT HUDSON

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 5 1930
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
16 3 19 hr. _____ min.

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

10. Usual occupation Student

11. Industry or business _____

MOTHER FATHER

12. Name William E. Hudson
13. Birthplace Bolivar Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Stella Scott
15. Birthplace Smithton Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant William E. Hudson
(b) Address Smithton, Mo.

17. (a) Removed (b) Date thereof 7-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton Mo

18. (a) Signature of funeral director A. F. Neumeier
(b) Address Smithton Mo

19. (a) 7-29-46 (b) Mrs. R. E. Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1946 hour 10 minute 50 P M.

21. I hereby certify that I attended the deceased from 7 PM
10:50 PM July 24, 1946 19____;
that I last saw him alive on July 24, 1946 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bulbar paralysis Duration 36 hrs
Paralysis 3 days
Due to Infantile
Paralysis
Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None 36

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Miss Mary M. Sims (M. D. or other) M.D.
Address Smithton Mo Date signed 7/24/46

~~Date Filed: 8-3-46~~
~~District File Number: 8-16-13~~
RECEIVED
District Health Officer No. 9,

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 A. F. Neumeier
Licensed Embalmer No. 3912
P. O. Address Smithton 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.