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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 20 1946
Registration District No. 324

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 6093

29269

State File No.
Registrar's No. 136

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Shackelford Rural
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether)
In this community All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 97
(c) City or town Shackelford
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Sarah Elizabeth Hudson
(b) If veteran, name war.....
(c) Social Security No. None
4. Sex Female 5. Color or race White
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 February 17th, 1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 8
year 46 hour 11 minute 45 A. M.
21. I hereby certify that I attended the deceased from July 1, 1946 to Aug 8, 1946
that I last saw him live on July 1, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
69 5 21 hr. min.

Immediate cause of death Carcinoma of the (left) gland
Due to.....
Duration 4 yrs

9. Birthplace Saline county Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation House keeper

Other conditions Chronic pyelitis
(Include pregnancy within 3 months of death)

11. Industry or business House keeper
12. Name Francis Marion Hudson
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Sloane Corum
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy 55
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Virginia Hudson
(b) Address Shackelford, Mo.
17. (a) Burial (b) Date thereof Aug. 11, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. James' Episcopal Church
18. (a) Signature of funeral director Charles R. Lewis
(b) Address Marshall, Mo.
19. (a) 8-13-46 (b) Mat Owestbrook
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury.....
23. Signature Mat Owestbrook (M. D. or other)
Address Marshall, Mo. Date signed 8/14/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 8-17-46

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.....

R. W. Campbell Jr.

Licensed Embalmer No.....

3469

P. O. Address.....

Marshall, 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.