S. No. 2
M—5-43
. 5-17-39
I X36671

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

FILED SEP 18 1946

State File No. 31107

Registration District No. 273 Primary Registration District No. 5919 Registrar's No. 59

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Rural Saline
(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 (Specify whether
In this community 83-2-9
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Robert Henry Hudson

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Louise Hudson

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased June (Month) 2 (Day) 1863 (Year)

8. AGE: Years 83 Months 2 Days 9 If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Charles D. Hudson
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Elezabeth Elles
15. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Frank Hudson
(b) Address Perryville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Fork Perry Co. Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.

19. (a) Aug 13, 1946 (Date received local registrar) (b) Jos J Zwellner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
year 1946 hour 1 minute 15P M.

21. I hereby certify that I attended the deceased from July 25, 1946, to Aug 11, 1946
that I last saw him alive on Aug 10, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pericarditis	
Due to Senility	
Due to Chronic Nephritis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 131B

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 0

23. Signature O J Miller (M. D. or other) MC
Address Perryville Mo. Date signed 8/18/46

250

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 946-2625

Date Filed 9-17-46

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 Edward B. Young

Licensed Embalmer No. 2138

P. O. Address Perryville 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.