

S. No. 2
DM-5-43
v. 5-17-39
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34173

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 208

Primary Registration District No. 5761

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Liberty **RURAL**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Marion Co Inf. 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About 23 days
(Specify whether in hospital or institution)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

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

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

(e) Citizen of foreign country? Not known (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME William Hudson

3. (b) If veteran, name war Not known

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month About Sept. day 3rd
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex Male **5. Color or race** White

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

6. (b) Name of husband or wife Emma Hudson

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

7. Birth date of deceased Not known 11-27-1877
(Month) (Day) (Year)

Immediate cause of death Exposure + Strain

Duration _____

8. AGE: Years _____ Months 9 Days 6 If less than one day _____ hr. _____ min.

Not known 69

Due to Wandered away from County Home

Due to _____

9. Birthplace Louisiana Mo 0
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Not known Farmer

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name G. M. Hudson 1

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

14. Maiden name Minnie Williams

15. Birthplace Not known _____
(City, town, or county) (State or foreign country)

16. (a) Informant Primary Records

(b) Address Palmyra Mo

17. (a) Burial _____ (b) Date thereof 9-15-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Greenwood Cemetery

18. (a) Signature of funeral director G. M. Sprague

(b) Address Palmyra Mo

19. (a) 9-17-46 (b) Lucine Boone
(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) Accident 64

(b) Date of occurrence about Sept. 3rd 1946

(c) Where did injury occur? Palmyra Marion Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm

23. Signature James O'Donnell 3
(Name and address) (Date signed) 9/17/46

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

9-17-46 189

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{NOT} was embalmed by me, ^{OR} by Any One,
....., Registered Apprentice No.

working under my personal supervision.

Signed A. M. Sprague
Licensed Embalmer No. 999
P. O. Address Palmyra 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.