

State File No.

Registration District No. 59

Primary Registration District No. 4097

Registrar's No. 183

1. PLACE OF DEATH:

(a) County Cass

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

(c) Name of hospital or institution:
Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19

(c) City or town Cleveland mo. 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME ALLICE L. HUDSON

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex FEMALE

5. Color or race white

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

6. (b) Name of husband or wife Lee HUDSON

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased July 11 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>5</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Elworth Co. Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Agusta Corey 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Hudson

(b) Address Cleveland mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Dec. 18-1946
(Month) (Day) (Year)

(c) Place: burial or cremation Cleveland mo.

18. (a) Signature of funeral director W. E. Myers

(b) Address Cleveland mo.

19. (a) Dec. 17-1946 (Date received local registrar)

Lama J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1946 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 10 1946 to Dec 16 1946
that I last saw him alive on Dec 16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke
Arteriosclerosis & Hypertension
Regurgitation of heart

Due to _____

Due to _____

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

Major findings:
Of operations 92B

Of autopsy _____

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 E. M. Griffith (M. D. or other)

Address Harrisonville Date signed Dec 19 1946

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

51

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..... *Geo. E. Myers*.....
Licensed Embalmer No. *2517*.....
P. O. Address *Cleveland 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.