

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 179

Primary Registration District No. 5668 (5668) Registrar's No. 63

1. PLACE OF DEATH:

(a) County Lincoln

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

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

(d) Length of stay: In hospital or institution 5
(Specify whether)

In this community 7 years
years, months or days

3. (a) PRINT FULL NAME LEE HUDSON

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M 5. Color or race W

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 May 2 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>7</u>	<u>12</u>	_____ hr. _____ min.

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

10. Usual occupation Black Buyer

11. Industry or business _____

12. Name Blair Hudson

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

14. Maiden name Emma Frances

15. Birthplace Lincoln County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Fox

(b) Address Troy Mo.

17. (a) Burial (b) Date thereof 12-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy Cemetery

18. (a) Signature of funeral director Wayne M. Fox

(b) Address Troy Missouri

19. (a) 12-17-1946 (b) Wm. Emma B. Riddle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1946 hour _____ minute 00 A. M.

21. I hereby certify that I attended the deceased from June
_____ 1946 to 12 14 1946
that I last saw him alive on 12/14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocardial Infarction
Sen. Arteriosclerosis

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

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 Hebert (M. D. or other) _____
Address Troy Mo. Date signed 12/16/46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

700

41221

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 12-26-46

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..... *Wayne McCoy*
Licensed Embalmer No. *3586*
P. O. Address..... *Troy 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.