

7. S. No. 2
 FORM-5-43
 Rev. 5-17-39
 I X36571

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **43227**
 Registrar's No. **130**

FILED JAN 3 1947

Registration District No. _____ Primary Registration District No. **6138**

1. PLACE OF DEATH:
 (a) County Shelby county
 (b) City or town Bethel, Mo. Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Charity Alice Hudson
 3. (b) If veteran, name war. X 3. (c) Social Security No. X

4. Sex Female 5. Color of race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 16th 1880
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>3</u>	<u>19</u>	_____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER
 12. Name Albert O'Dell 9
 13. Birthplace Not known
 14. Maiden name Alice Williamson (State or foreign country)
 15. Birthplace Not known 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Other Hudson
 (b) Address Bethel, Mo.

17. (a) Burial (b) Date thereof 12-7-1946
 (Burial or cremation) (Month) (Day) (Year)

(c) Place: burial or cremation Concord cemetery
Million & Barkeley
Shelbina, Mo.

18. (a) Signature of funeral director Howard J. Daulton
 (b) Address Bethel, Mo.
 19. (a) Dec 31 1946 (b) Ruth Jaynes
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Shelby
Bethel, Mo Rural
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th
 year 1946 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to Dec 5, only, 1946
 that I last saw her alive on Dec 5, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 2 days

Due to _____

Due to _____

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

Major findings: 106

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Howard J. Daulton (M. D. or other) DO.
 Address Bethel, Mo. Date signed Dec 11

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

42036

RECEIVED
District Health Officer No. 10
Date Recd. 1-4-47
JAN - 6 1947

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..... *W. Hawkins*

Licensed Embalmer No. *3498*

P. O. Address..... *Hollins Ms*

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.