No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1947

Registration District No. 38

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5120

State File No. 174

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia R3
(If outside city or town limits, write "RURAL")

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

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

If yes, name country x

3. (a) PRINT FULL NAME Hudnell - James Spencer

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Lura Purl Nichols

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

7. Birth date of deceased June (Month) 2 (Day) 1882 (Year)

8. AGE: Years 64 Months 8 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Boone Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business "

FATHER
12. Name Thomas Hudnell
13. Birthplace Sullivan Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mary Jane Douglass
15. Birthplace Boone Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Iva Bolli

(b) Address Columbia Mo R3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9 47 (Month) (Day) (Year)

(c) Place: burial or cremation Providence Cem

18. (a) Signature of funeral director R Owen

(b) Address Columbia Mo

19. (a) 2-8-47 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 7th year 1947 hour 6:30 minute P M.

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

	Duration
Immediate cause of death Unknown	
Due to Believed to be heart disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 95
Of autopsy None

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 3

23. Signature E Edward Coroner (M.D. or other)

Address Columbia Mo Date signed 2/8/47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Filed 3-11-42

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~~ .....

..... a Registered Apprentice No. .....,

working under my personal supervision.

Signed Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.