S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19792

Registration District No. 319 Primary Registration District No. 4468 Registrar's No. 32

1. PLACE OF DEATH:
(a) County St. Genevive
(b) City or town St. Marys Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 63-1-19 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Genevive 95
(c) City or town St. Marys Mo. (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 Theresa A. 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 Jesse Van Hudson
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased March (Month) 30 (Day) 1884 (Year)

8. AGE: Years 63 Months 1 Days 19 If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name John Holland
13. Birthplace (City, town, or county) Irland (State or foreign country)
MOTHER
14. Maiden name Brigget OBrein
15. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Jesse Van Hudson
(b) Address St. Marys Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Fork Mo.
18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.
19. (a) 6-2-47 (Date received local registrar) (b) Teresa M. Karl Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1947 hour 12 minute 09 P M.
21. I hereby certify that I attended the deceased from May 17, 1947, to May 19, 1947; that I last saw her alive on May 19, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Dilatation	
Due to: Hypostatic Pneumonia	12 hrs
Cerebral Haemorrhage	3 day
Due to: Arterio Hypertension	?
Other conditions: Chronic Nephritis (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) [signature]
Address Ste Genevieve Mo. Date signed 5-19-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 647-781
Date Filed 6-5-47

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 Edward Young

Licensed Embalmer No. 2138

P. O. Address Perryville Md

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.