S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 24 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Hogeboom

State File No. 20582

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 518

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
St. John Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Days (Specify whether
In this community 15 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

(c) City or town Sikeston 5
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lucille Hudson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frank A. Hudson

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased July (Month) 8 (Day) 1914 (Year)

8. AGE: Years 32 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Olive Hill (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name W.C. Southern
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Josephine Baugus
15. Birthplace Olive Hill (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Frank A. Hudson
(b) Address Sikeston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation Steele, Missouri

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 6-20-47 (Date received local registrar) (b) W E Handley M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1947 hour 6 minute 10p. M.

21. I hereby certify that I attended the deceased from June 3, 1947, to June 18, 1947
that I last saw her alive on June 18, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tetanus	12 hrs
Due to: Laceration + Contusion Left Leg	15 days
Due to	
Other conditions (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) accident 133
(b) Date of occurrence June 3 1947
(c) Where did injury occur? Springfield Greene Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway (Specify type of place)
While at work no (e) Means of injury Automobile

23. Signature Leon Hogeboom (M. D. or other)
Address Springfield Mo Date signed 6/19/47

(Licensed Embalmer's Statement on Reverse Side) Coll, with other M. rec.

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 Paul Z. Polmeyer

Licensed Embalmer No. 2457

P. O. Address Springfield Ill

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.

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