

S. No. 2  
M-5-43  
7-5-17-39  
I X38671

21949

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 15 1947

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Randolph  
 (b) City or town Moberly Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Woodland Hospital Moberly Mo.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Three Days  
 In this community 59yrs 3 mo 19da (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
 (c) City or town Moberly Mo  
 (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 .....

3. (a) PRINT FULL NAME

Joseph Hudson

3. (b) If veteran, name war .....

3. (c) Social Security No. ....

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife .....

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

7. Birth date of deceased March 15 1888  
 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>59</u>	<u>3</u>	<u>19</u>	hr. .... min.

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

10. Usual occupation Farmer

11. Industry or business .....

MOTHER FATHER

12. Name Josh Hudson

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

14. Maiden name Florence Duncan

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

16. (a) Informant Mrs A. J. Snediker  
 (b) Address Kansas City Mo.

17. (a) Burial (b) Date thereof July 8 1947  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roanoke Mo.

18. (a) Signature of funeral director Joe W Burton

(b) Address Higbee Mo.

19. (a) 7-6-47 (b) Leah Williams Lowe  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4  
 year 1947 hour 10 minute 30 p M.

21. I hereby certify that I attended the deceased from July 2nd 1947 to July 4th 1947  
 that I last saw him alive on July 4th 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 2 da

Due to unknown

Due to .....

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

Major findings: Of operations 94A

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 0

23. Signature [Signature] (M. D. or other) 0  
 Address Moberly, Mo Date signed 7/847

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

APR 1 1952

RECEIVED  
District Health Officer No. 10  
District File Number 2-47-881  
Date Filed JUL 14 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 *Edw. J. Fremont*

Licensed Embalmer No. *3978*

P. O. Address *Glasgow, 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.