

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23430

State File No. _____
Registrar's No. **859**

Registration District No. **42** Primary Registration District No. **1000**

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2607 Delaware Street ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **Not** (Specify whether
In this community **60 years.** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Buchanan** //
(c) City or town **St. Joseph** /
(If outside city or town limits, write "RURAL") 7
(d) Street No. **2607 Delaware Street** 0
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Isabell Hudgens**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **14th**
year **1947** hour **3** minute **00** A.M.
21. I hereby certify that I attended the deceased from **7-13-47**
7-13, 1947, to _____, 19____;
that I last saw h. er, alive on **7-13-**, 19**47**
and that death occurred on the date and hour stated above.

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow 2**
6. (b) Name of husband or wife **Absalm Hudgens**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 26 1853**
(Month) (Day) (Year)

Immediate cause of death **Peritonitis, chemical** Duration **12 1/2 hrs**
Due to **Rupture of Peptic Ulcer** **12-16 hrs**
Due to _____
Other conditions **Sanitary**
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
94 0 18 hr. _____ min.

Major findings: **117A** **PHYSICIAN**
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace **Buchanan County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Abram Kerns**

13. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Isabell Unknown**

15. Birthplace **Unknown Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ida Folwell**

(b) Address **2607 Delaware St., St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **July 16, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ashland Cemetery**

18. (a) Signature of funeral director **Walter Meierhoffer**

(b) Address **1046 Colhoun St., St. Joseph, Mo.**

19. (a) **7-16-47** (b) **E. G. Jenkins**
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature **M. E. Dunning** (M. D. or N.E.T.)
Address **St. Joseph, Mo.** Date signed **7-14-47**

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

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.....

George Klingermuehle....., Registered Apprentice No. 508
working under my personal supervision.

Signed *Albert E. Harrington*.....

Licensed Embalmer No. 3258 Missouri.....

P. O. Address St. Joseph, 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.