

S. No. 2
DM-5-43
5-17-39
X36671

24884

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 28 1947

Registration District No. 231

Primary Registration District No. 5312

Registrar's No.

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Rural
(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 12 years (Specify whether
In this community 12 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery
(c) City or town Rural (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 Daniel Leroy Hudson
(b) If veteran, 1 (c) Social Security No. 3
name war:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1947 hour 110 minute 309 M.
21. I hereby certify that I attended the deceased from Jan. 15 1947 to July 22 1947
that I last saw him alive on July 22 1947
and that death occurred on the date and hour stated above.

4. Sex Mo 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jennie Hudson 6. (c) Age of husband or wife if
alive 81 years
7. Birth date of deceased: March-20-1874
(Month) (Day) (Year)

Immediate cause of death: Carcinoma of prostatic
Due to:

8. AGE: Years 73 Months 4 Days 21 If less than one day
9. Birthplace: Buffalo New York (City, town or county) (State or foreign country)
10. Usual occupation: Farmer

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

MOTHER FATHER
11. Industry or business: Farmer
12. Name: Daniel B. Hudson
13. Birthplace: New York (City, town or county) (State or foreign country)
14. Maiden name: Helen Taylor
15. Birthplace: NY (City, town or county) (State or foreign country)

Major findings: 51B
Of operations:

16. (a) Informant: Mrs. Mary Ann Welch
(b) Address: 122 E. Bigler St. Emporium
17. (a) Buried (b) Date thereof: 7/28/47 (City or town) (County) (State)
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Middlebury Mo
18. (a) Signature of funeral director: W. B. Welch
(b) Address: Wellsville Mo
19. (a) 7-23-47 (b) Zou Chapman (Registrar's signature) (Date received local registrar)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):

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

70
0
0

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature: Willie H. Wells M.D. or other
Address: Wellsville Date signed: 7/24/47

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 Self.

....., Registered Apprentice No.
working under my personal supervision.

Signed A.B. Kelle

Licensed Embalmer No. 1588

P. O. Address Kellaville 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.