

FILED NOV 4 1947/49
Registration District No.

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County... JACKSON
(b) City or town... KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4725 BROOKLYN AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... WIFE
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County... JACKSON 48
(c) City or town... KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4725 BROOKLYN AVENUE 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country...

3. (a) PRINT FULL NAME... MISS OLIVE NADINE HUDSON
3. (b) If veteran, name war... NO
3. (c) Social Security No. ... NONE

4. Sex... FEMALE 5. Color or race... WHITE
6. (a) Single, widowed, married, divorced... DIVORCED
6. (b) Name of husband or wife... MR. ASHGRAFT
6. (c) Age of husband or wife if alive... years
7. Birth date of deceased... FEBRUARY 10 1906
(Month) (Day) (Year)

8. AGE: Years 41 Months 8 Days 8 If less than one day
hr. min.

9. Birthplace... KANSAS CITY Mo. (City, town, or county) (State or foreign country)

10. Usual occupation... NONE

11. Industry or business... AT HOME

12. Name... WILLIAM W. HUDSON

13. Birthplace... BARTON COUNTY Mo. (City, town, or county) (State or foreign country)

14. Maiden name... MARY DE VON

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

16. (a) Informant... Mrs. Mary Hudson

(b) Address... 4725 Brooklyn Ave.

17. (a) BURIAL (b) Date thereof... OCT 21 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... FOREST HILL CEMETERY

18. (a) Signature of funeral director... D. W. Newcomer

(b) Address... 1401 Brush Creek Blvd. S. Mo.

19. (a) 10-21-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... OCT day... 18
year... 1947 hour... 11 minute... 56 P.M.
21. I hereby certify that I attended the deceased from Sept 10th
1947 to Oct 18th 1947
that I last saw her alive on Sept 18th 10AM 1947
and that death occurred on the date and hour stated above.
Duration

Immediate cause of death... Spontaneous
subarachnoid
hemorrhage (massive)
Due to... rupture of small
aneurysm of circle of Willis
Due to... aneurysm

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

Major findings: Of operations... 910

Of autopsy... as above

PHYSICIAN
Underline the cause of 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...

23. Signature... (M. D. or other)

Address... Date signed... 10-18-47

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 M. Storey

Licensed Embalmer No.

4452

P. O. Address

K. C. 4 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.