No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37891

FILED DEC 2 1947

Registration District No. 37 Primary Registration District No. 3023 Registrar's No. 249

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wetzel Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 wk 6 days (Specify whether
In this community 2 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town CLINTON (If outside city or town limits, write "RURAL")
(d) Street No. 319 East Lincoln (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Hudson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 5 (Day) 1862 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	4	23	hr. min.

9. Birthplace Shepshed (City, town, or county) ENGLAND (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business
FATHER
12. Name GEORGE HUDSON
13. Birthplace SHEPSHED (City, town, or county) ENGLAND (State or foreign country)
MOTHER
14. Maiden name ELIZABETH WARD
15. Birthplace (City, town, or county) ENGLAND (State or foreign country)
16. (a) Informant Mrs ANNA ATTEBERY
(b) Address 319 EAST LINCOLN
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof Dec 1 1947 (Month) (Day) (Year)
(c) Place: burial or cremation ELMWOOD CEM.
18. (a) Signature of funeral director R. J. Jennings
(b) Address 218 S. Third Clinton Mo
19. (a) 11-29-47 (Date received local registrar) (b) B. R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov 28 day year 47 hour 7:30 minute P. M.
21. I hereby certify that I attended the deceased from Nov 26, 1947 to Nov 28, 1947
that I last saw him alive on Nov 28, 1947
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Lobar pneumonia (Hypostatic)
Due to Heart weakness
Due to Senility & arteriosclerosis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Fred Wright (M. D. or other) DO
Address Clinton Mo. Date signed Nov 29 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7, 11-47-1367
District File Number
Date Filed 12-1-47

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 J. E. Haney

Licensed Embalmer No. 3682

P. O. Address Calhoun, 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.