

1. PLACE OF DEATH:
 (a) County Mo. Donald
 (b) City or town Moel
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community None

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Mo. Donald
 (c) City or town Moel, 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 George-William Hudson
 3. (b) If veteran, name war None
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 7th
 year 1947 hour 3 minute 30
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife Bertha L. Hudson 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 2-1874
(Month) (Day) (Year)

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.
 Immediate cause of death Asphyxiation
 Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>9</u>	<u>21</u>	hr. min.

Due to Gas asphyxiation
 Due to _____

9. Birthplace Brentsville, Ark.
(City, town, or county) (State or foreign country)

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

10. Usual occupation Carpenter

Major findings: Of operations None
 Of autopsy None
 PHYSICIAN: _____
 Underline the cause to which death should be charged statistically.

11. Industry or business Scholar
 12. Name W. M. Hudson
 13. Birthplace Yuleburg, Tenn.
(City, town, or county) (State or foreign country)
 14. Maiden name Yuleburg, Tenn.
 15. Birthplace Yuleburg, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Hudson Garman
 (b) Address 15 1/2 W. Del. Pl. Okla. OKLA

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident 60
 (b) Date of occurrence Dec. 7th 1947
 (c) Where did injury occur? Moel, Mo. Donald
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? None

17. (a) Removal (b) Date thereof 12-9-47
Burial, cremation, or removal (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Park

While at work? None
(Specify type of place) (e) Means of injury Asphyxiation

18. (e) Signature of funeral director P. M. Humphrey
 (b) Address Pineville, Mo.

23. Signature P. M. Humphrey
(M.D. or other)
 Address Pineville, Mo. Date signed 12-8-47

19. (a) 1-16-48 (b) Virginia Bued
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6

District File Number 148-88

Date Filed JAN 14 1948

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 Mayne E. Humphrey
Licensed Embalmer No. 42162
P. O. Address Pineville, 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.