

FILED MAR 24 1948  
Registration District No. 173

Primary Registration District No. 5709

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County McDonald  
(b) City or town Rural- Erie  
(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 \_\_\_\_\_ (Specify whether  
In this community 1 Day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rt. #1 Goodman  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

\*3. (a) PRINT FULL NAME MARY ANN HUDELSON

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 13 1948  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 22 hr. 35 min.

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

10. Usual occupation None

11. Industry or business At Home

12. Name Not married

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Viola Margaret Hudelson

15. Birthplace McDonald Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Viola Margaret Hudelson

(b) Address Rt. 1 Goodman, Missouri

17. (a) Burial (b) Date thereof 3-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodman, Howard Cemetary

18. (a) Signature of funeral director John B. Papineau

(b) Address Goodman, Missouri

19. (a) March 15, 1948 (b) Mrs. Fred W. Smith  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month March day 14  
year 1948 hour four minute 30 P.M.

21. I hereby certify that I attended the deceased from March 13<sup>th</sup>  
1948 to March 14<sup>th</sup> 1948  
that I last saw her alive on March 14<sup>th</sup> 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Patient paleman male (She baby)

Due to Premature birth

Due to Syphilis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 2

23. Signature Harold C. Waid (M. D. or other) MD  
Address Goodman, Mo. Date signed 3/15/48

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

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60  
0  
0  
0

MOTHER FATHER

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**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 John B. Papinian  
Licensed Embalmer No. 4446  
P. O. Address Goodman, 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.**