No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11575

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 429

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph 3
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Railroad east end of Parker Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11

(c) City or town: St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 1011 Ellsworth 7
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country .....

3. (a) PRINT FULL NAME: Neva Hudson

3. (b) If veteran, name war: No

3. (c) Social Security No.: 491-28-2479

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Richard

6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: August (Month) 27 (Day) 1901 (Year)

8. AGE: Years 46 Months 7 Days 12 — If less than one day ..... hr. ..... min.

9. Birthplace: Woodbine (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: Shirt Presser

11. Industry or business: Pearl Nu-Way Laundry

FATHER
12. Name: Edward Hawkins
13. Birthplace: Sac County (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name: Harriet Rice
15. Birthplace: Guthery County (City, town, or county) Iowa (State or foreign country)

16. (a) Informant: Richard Hudson
(b) Address: 1011 Ellsworth, St. Joseph, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 4-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery

18. (a) Signature of funeral director: Stamey Funeral Home
(b) Address: St. Joseph, Missouri

19. (a) 4-19-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1948 hour 10 minute 30 p.M.

21. I hereby certify that I viewed the deceased from April 10, 1948, to ....., 19....:
that I last saw h..... alive on ....., 19....:
and that death occurred on the date and hour stated above.

Immediate cause of death: Injuries received when run over by a train

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

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): Accident 131

(b) Date of occurrence: April 9, 1948

(c) Where did injury occur? St. Joseph (City or town) Buch. (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? No (e) Means of injury: Train 3

23. Signature: B. W. Tadlock (M. D. or other) Coroner

Address: King Hill Bldg. St. Joseph, Mo. Date signed 4-10-48

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

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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.