No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 17 1948

Registration District No. 49

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12639

Primary Registration District No. 1002

Registrar's No. 1555

WRITE PLAINLY—USE 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: GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 MOS. 24 DAYS (Specify whether years, months or days)

In this community 4 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 1907 E. 10TH STREET
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ISABELL HUDSON

3. (b) If veteran, name war no

3. (c) Social Security No. 445-09-2672

4. Sex FEMALE 3

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife George Hudson

6. (c) Age of husband or wife if alive About 60 years

7. Birth date of deceased FEBRUARY (Month) 14, (Day) 1891 (Year)

8. AGE: Years 57 Months 1 Days 21 If less than one day hr. min.

9. Birthplace HAYWOOD COUNTY (City, town, or county) TENNESSEE (State or foreign country)

10. Usual occupation MAID

11. Industry or business

MOTHER FATHER

12. Name FRANK CARTER

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

14. Maiden name EMMA

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

16. (a) Informant ROSA LEE SMITH (DAUGHTER)

(b) Address 1907 E. 10TH STREET

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/48 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director E. Sterling Bullock

(b) Address 1212 Vine KC Mo

19. (a) 4-9-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 5, year 1948 hour 1: minute 55 A. M.

21. I hereby certify that I attended the deceased from OCTOBER 12, 1947 to APRIL 5, 1948 that I last saw her alive on APRIL 5, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CARCINOMA OF BREAST WITH METASTASIS	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 50	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to 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 Frank Ellis (M. D. or other) M.D.

Address GENERAL HOSPITAL NO. 2 Date signed 4/5/48

(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. E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address. 1212 Vine K.C.M

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.