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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26733

Registration District No. 130 Primary Registration District No. 4241 Registrar's No. 157

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Oak Grove
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Oak Grove
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Oak Grove 0
(If outside city or town limits, write "RURAL")

(d) Street No. — 0
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME MYRTLE MABRY HUDSON

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife W. THOMAS HUDSON

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Aug (Month) 19 (Day) 1879 (Year)

8. AGE: Years 70 Months 11 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Oak Grove (City, town, or county) Mo. (State or foreign country)

10. Usual occupation house wife

11. Industry or business "

FATHER
12. Name Rubin Mabry
13. Birthplace ..... (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Dora Moore
15. Birthplace ..... (City, town, or county) Mo. (State or foreign country)

16. (a) Informant W. T. Hudson
(b) Address Oak Grove, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 10 (Day) 48 (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Mrs. G.B. Webb + [illegible]
(b) Address Oak Grove, Mo.

19. (a) 8-10-48 (Date received local registrar) (b) Donald C. Earnshaw 270 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8 year 1948 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 1, 1948, to Aug. 7, 1948; that I last saw her alive on Aug. 7, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Sclerosis of the coronary arteries	6 mos.
Due to Hypertension 240/120	15 yrs
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None 940

Of autopsy None

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 [illegible] (M.D. or other)

Address Oak Grove Mo. Date signed 8-9-48

(Licensed Embalmer's Statement on Reverse Side)

JUL 25 1969

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 Kenneth Royer, Registered Apprentice No. 67, working under my personal supervision.

Signed R B Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs

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.