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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 2 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 227282

Registration District No. 872 Primary Registration District No. 4397 Registrar's No. 193

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: Coater Twp. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Steele rural 78
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME George Hudson

3. (b) If veteran, — name war —

3. (c) Social Security No. —

4. Sex M 2

5. Color or race Col

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

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

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Oct (Month) 20 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	10	3	hr. min.

9. Birthplace ..... (City, town, or county) Ala 1 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Gabe Hudson
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown 9
15. Birthplace ..... (City, town, or county) (State or foreign country)

16. (a) Informant May Ethel Robinson
(b) Address Steele Mo Rt 1 Box 207

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Pudico Mo

18. (a) Signature of funeral director Gorman Undt Co
(b) Address Steele Mo

19. (a) 8-30-48 (Date received local registrar) (b) L. R. Robinson (Registrar's signature) 749

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1948 hour 18 minute 15 A.M.

21. I hereby certify that I attended the deceased from ....., 19.., to 8-22-, 1948
that I last saw h..... alive on 8-22-, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhages

Due to Age

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 E. E. Wilson (M. D. or other)
Address Bay Pinville Ore Date signed

(Licensed Embalmer's Statement on Reverse Side)

9-48-238

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.....

Licensed Embalmer No.....

P. O. Address.....

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.