S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 29 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40185

Registrar's No. 4979

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

8
3
8

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:
Long Nursing Home, 1441 Independence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 (Specify whether
In this community 1 Month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kamsas (b) County Wyandotte 499

(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")

(d) Street No. 2707 N 8th St. 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Annie Cordelia Hudson

3. (b) If veteran, name war no

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife William G. Hudson

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

7. Birth date of deceased 4-5-1874 (Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 0 If less than one day hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name James A. Marshall 1
13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dora Holland 1
(b) Address St Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge, Mo.

18. (a) Signature of funeral director Gibson & Son
(b) Address Kansas City, Kansas

19. (a) 12-6-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 5
year 1948 hour 5 minute P.M. M.

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

	Duration
Immediate cause of death Myocarditis	10 yrs
Due to Brights disease	15 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 131	

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) No
(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?
Lee Haynes (Specify type of place)
While at work? (e) Means of injury

23. Signature Lee Haynes (M. D. or other) MD
Address 901 Wiseport Rd Date signed 12/6/48

(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 George M. Malley

Licensed Embalmer No. 2798

P. O. Address Kansas City Kansas

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.