

S. No. 300  
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Rev. 5-17-39  
I 3906

40186

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 29 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5065

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:  
12th & Van Brunn Blvd. D  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In-hospital or institution \_\_\_\_\_ (Specify whether  
in this community 35 yrs. \_\_\_\_\_ (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 514 Main 5  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME HUDSON, Welby Lee

3. (b) If veteran, name war WW1

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 11  
year 1948 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex M D 5. Color or race Wh

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

6. (b) Name of husband or wife no

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

7. Birth date of deceased 1 21 1894  
(Month) (Day) (Year)

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
54 10 20 hr. \_\_\_\_\_ min.

Immediate cause of death Shock  
Skull Fracture  
Auto Trauma  
Auto Pedestrian

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Other conditions (Include pregnancy, unless a cause of death)  
Deputy Coroner

10. Usual occupation NO

11. Industry or business \_\_\_\_\_

Major findings: 1700-8  
Of operations \_\_\_\_\_

MOTHER FATHER

12. Name Wm. G. Hudson

13. Birthplace Unk 9  
(City, town, or county) (State or foreign country)

14. Maiden name Ann Marshall

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

Of autopsy History & Inspection

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident 13  
(b) Date of occurrence 12/11/48  
(c) Where did injury occur? Kansas City Mo  
(City or town) (County) (State)

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

17. (a) Burial (b) Date thereof 12/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Cem.

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
No

A. E. Upsher No (Specify type of place)  
While at work \_\_\_\_\_ Means of injury Trauma

18. (a) Signature of funeral director \_\_\_\_\_ Weston, Mo.  
(b) Address John P. Sheil Kansas City,  
12-13-48 (Date received local registrar)

19. (a) 12-13-48 (Date received local registrar)  
(b) Seraldine Holmes (Registrar's signature)

Signature A. E. Upsher (If Deceased)  
Address 7800 Main

(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....

*John P. Smith*

Licensed Embalmer No. *3625*

P. O. Address *6640*

**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.**