

FILED APR 5 1949

STANDARD CERTIFICATE OF DEATH

11353

State File No.

11400

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

BIRTH NO. _____		REG. DIST. NO. <u>375</u>		PRIMARY REG. DIST. NO. <u>6288</u>		Registrar's No. <u>12</u>		
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wright</u>				
b. CITY OR TOWN <u>Rural Union</u>		c. LENGTH OF STAY (In this place) <u>96</u>		c. CITY OR TOWN <u>Rural Union</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 Miles North of Hartville</u>				d. STREET ADDRESS (If rural, give location) <u>10 miles north Hartville</u>				
3. NAME OF DECEASED (Type or Print) <u>Matilda Jane Hudson</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH		(Month)		(Day)		(Year)		
		<u>3</u>		<u>20</u>		<u>49</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>April 22 1852</u>		
						9. AGE (In years last birthday) <u>96</u>		
						10. MONTHS <u>10</u>		
						11. DAYS <u>28</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Wright County Mo</u>		
						12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		
13a. FATHER'S NAME <u>Williams</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Knabb</u>			14. NAME OF HUSBAND OR WIFE <u>Benjamin Franklin Hudson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Walter Hudson</u> ADDRESS <u>Springfield Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of Hip</u>						
		ANTECEDENT CAUSES						
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
		DUE TO (b) _____						
		DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS						
		Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>6 20</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accidental</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Union Twp. Wright Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 10 1949 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall</u>				
22. I hereby certify that I attended the deceased from <u>Mar 10, 1949</u> , to <u>Mar 20, 1949</u> , that I last saw the deceased alive on <u>Mar 18, 1949</u> , and that death occurred at <u>4:15A m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>A. R. Mott</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Hartville Mo</u>		23c. DATE SIGNED <u>5/26/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3 21 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shady</u>		24d. LOCATION (City, town, or county) (State) <u>Grovespring Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Mar 26, 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Gene E. Alderson</u>		ADDRESS <u>Hartville, Mo</u>		

RECEIVED

District Health Officer No. 6,

District File Number 449-315

Date Filed 4-4-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Gene E. Aldren

Licensed Embalmer No. 3865

P. O. Address Hartsville, Mo

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.