

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 5797 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MONITEAU</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FORTUNA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FORTUNA</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>NO STREET ADDRESS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NO STREET ADDRESS</u>		d. STREET ADDRESS <u>NO STREET ADDRESS</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NORMA</u> b. (Middle) <u>- MAUDE</u> c. (Last) <u>- HUDGENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 / 24 / 1949</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>5/28/1890</u>		9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	
11. BIRTHPLACE (State or foreign country) <u>GENTRY - Co - MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>HENRY-CLAY-WHITE</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA-ELLEN JUDD</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGE HUDGENS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GEORGE HUDGENS Fortuna MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastatic Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Stomach?</u> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <u>151X</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>4-21-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>metastasis of ca. to rectum, stomach + all abd. contents</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>5:30</u>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 9, 1947, to May 24, 1949, that I last saw the deceased alive on May 24, 1949, and that death occurred at 5:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. P. Huebner, M.D.</u> (Degree or title)		23b. ADDRESS <u>2 Tipton, Mo</u>		23c. DATE SIGNED <u>5-25-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/27/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SYRACUSE-CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>SYRACUSE MO.</u>	
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DATE REC'D. BY LOCAL REG. <u>5-27-1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. Maude Hudgens</u>		FUNERAL DIRECTOR'S SIGNATURE <u>James E. Richards</u>		ADDRESS <u>Tipton Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed JUN 2 1949

District File Number

District Health Officer No. 9,

RECEIVED

JUN 1 1949

JUN 22 1961

JUN 17 1949

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.

Signed _____

Jessie E. Richards

Signed _____
Student Embalmer

Licensed Embalmer No. _____

2466

P. O. Address _____

Lipton, Md

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.

Not embalmed