

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24278

State File No.

No. 300

10.48

FILED AUG 8 1949

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 5908 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Steel rural</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Steel</u>		7E
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Holland Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>Route 1 Box 2070</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u>		b. (Middle) <u>V</u>	c. (Last) <u>Hudson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-27-49</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>2-24-49</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Pemiscot Co. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jess Hudson</u>		13b. MOTHER'S MAIDEN NAME <u>Magnolia Clark</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jess Hudson Steel Smo Rt</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diarrhea (Infections)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>malnutrition</u>				
	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.			<u>5810</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 <u>7-23</u> , 19 <u>49</u> , to <u>7-27</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7-23</u> , 19 <u>49</u> and that death occurred at <u>12:30 pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. R. W. D. ...</u>		(Degree or title)	23b. ADDRESS <u>1215 Brookman</u>		23c. DATE SIGNED <u>7-28-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-27-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Buycies</u>	24d. LOCATION (City, town, or county) (State) <u>Pemiscot Co. Mo</u>		
DATE REC'D BY LOCAL RES. <u>7-30-49</u>	REGISTRAR'S SIGNATURE <u>S. J. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harmon ...</u>	ADDRESS <u>Steel Smo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

8-49-189

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

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.