

FILED AUG 20 1949

STANDARD CERTIFICATE OF DEATH

State File No. 26332

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

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>260</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</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>Cape Girardeau</u>			c. LENGTH OF STAY (in this place) <u>30 minutes</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wardell</u>			3
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>James</u>		b. (Middle)		c. (Last) <u>Hudson</u>	
4. DATE OF DEATH		(Month) <u>August</u>		(Day) <u>6</u>		(Year) <u>1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>		8. DATE OF BIRTH <u>9-14-1912</u>	
9. AGE (In years last birthday)		if UNDER 1 YEAR Months <u>36</u> Days <u>10</u>		if UNDER 2 HRS. Hours <u>25</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Mirango County Alabama</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Luke Hudson</u>			13b. MOTHER'S MAIDEN NAME <u>Nellie F. B. Hudson</u>			14. NAME OF HUSBAND OR WIFE <u>Bettie 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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bettie Hudson</u>		
					ADDRESS <u>Wardell, Missouri</u>		
18. CAUSE OF DEATH							
Med (or (d); (b); (c); (e))		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION <u>Heart attack in wall of chest, right</u>		II. OTHER SIGNIFICANT CONDITIONS <u>and abdomen</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pemiscot Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 5 1949</u> m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>G.S.W.</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Washburn M.D.</u>				23b. ADDRESS <u>6711 Broadway Cape Girardeau</u>		23c. DATE SIGNED <u>6 Aug 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-11-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osceola</u>		24d. LOCATION (City, town, or county) (State) <u>Osceola Arkansas</u>	
DATE REC'D BY LOCAL REG. <u>8-8-1949</u>		REGISTRAR'S SIGNATURE <u>C. L. Semmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Smith</u>		
					ADDRESS <u>Hayti, Mo.</u>		

RECEIVED 8-15-49

District Health Officer No. 4

District File Number 849-1080

Date Filed

SEP 7 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.

Student .....  
Student Embalmer

Signed Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.