

FILED AUG 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27110**

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 2457

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Texas</b> b. COUNTY <b>449</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Palestine</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1024 W. college</b>		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED a. (First) <b>John</b>		b. (Middle) <b>Oliver</b>	
c. (Last) <b>Hudson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 2, 1949</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 25, 1872</b>
9. AGE (In years last birthday) <b>77</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Retired railroad Mechanic</b>	11. BIRTHPLACE (State or foreign country) <b>Warrior, Ala.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Elizah Hudson</b>	
13b. MOTHER'S MAIDEN NAME <b>Eliza Anderson</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Maurice Gracey, Independence, Mo.</b>		ADDRESS _____	
18. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
19a. DATE OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	
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 <b>July 20</b> , 1949, to <b>Aug. 2</b> , 1949, that I last saw the deceased alive on <b>Aug. 2</b> , 1949, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>He Hickerson, M.D.</b>		23b. ADDRESS <b>Independence, Missouri</b>	
23c. DATE SIGNED <b>8/3/49</b>		24a. BURIAL (CREMATION, REMOVAL) (Specify) <b>Burial</b>	
24b. DATE <b>Aug. 5, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Marys Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Independence, Mo.</b>		DATE REC'D BY LOCAL REG. <b>Aug. 4, 1949</b>	
REGISTRAR'S SIGNATURE <b>[Signature]</b>		FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	
ADDRESS _____		ADDRESS <b>Independence, Mo.</b>	

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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 \_\_\_\_\_

RICHARD D. MULLINS

Student Embalmer No. 268

working under my personal supervision.

Student

Richard D. Mullins  
Student Embalmer

Signed

John Pasley

Licensed Embalmer No. 4388

P. O. Address

Independence

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.