

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **30335**  
**3765**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>JACKSON</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		a. STATE <u>KANSAS</u>		b. COUNTY <u>JOHNSON</u>	
c. LENGTH OF STAY (in this place) <u>19 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY Rural</u>		d. STREET ADDRESS (If rural, give location) <u>4715 RHINEHARDT</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKES HOSPITAL</u>							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>LOUISE</u>	b. (Middle) <u>ALLIE</u>	c. (Last) <u>HUDSON</u>	4. DATE OF DEATH	(Month) <u>AUG</u>	(Day) <u>30</u>	(Year) <u>1949</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>Nov. 26-1884</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____	IF UNDER 4 HRS. Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS* OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>ATHENS, TEXAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>THOMAS MESSER DEWBERRY</u>		13b. MOTHER'S MAIDEN NAME <u>MOLLIE WA PRADE</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN T. HUDSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MR. C. M. DEWBERRY</u> ADDRESS <u>2525 ESSEX KANSAS CITY, KANSAS</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				<u>5 da</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, 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) <u>Chronic nephritis</u>		<u>Yrs</u>	
				DUE TO (c) <u>Hypertension &amp; arteriosclerosis</u>		<u>Yrs</u>	
		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				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 <u>June 12, 1949</u> , to <u>Aug 30, 1949</u> , that I last saw the deceased alive on <u>Aug 30, 1949</u> , and that death occurred at <u>7:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert C. Davis</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>820 Prof Bldg</u>		23c. DATE SIGNED <u>8/31/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-1-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>9-1-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CREEK BAYO KANSAS CITY, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
EV. 10.48

Prof. Bell B. 1892

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City

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.