

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1168

BIRTH NO. 1941-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City Mo</b>		c. LENGTH OF STAY (In this place) <b>1 da 17 hr</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City Missouri</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Lukes Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>8020 Jefferson Street</b>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Michael</b>	b. (Middle) <b>Joseph</b>	c. (Last) <b>Hudson</b>	(Month) <b>1-3-</b>	(Day) <b>1951</b>	(Year) <b>1951</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>1-2-1951</b>	9. AGE (In years last birthday) <b>000</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 12 HRS. Days <b>17</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Baby</b>	11. BIRTHPLACE (State or foreign country) <b>Kansas City, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Joseph D. Hudson</b>	13b. MOTHER'S MAIDEN NAME <b>Jo Ann Collins</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Joseph D. Hudson</b>	ADDRESS <b>8020 Jefferson</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>7 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature birth</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 2, 1951, to Jan 3, 1951, that I last saw the deceased alive on Jan 3, 1951, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Raymond B. Anderson</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>411 Nichols Rd KC Mo</b>	23c. DATE SIGNED <b>Jan 4 '51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-5-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jackson County Missouri</b>
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DATE REC'D BY LOCAL REG. <b>1-4-51</b>	REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>France-Wornall Funeral Home</b>	ADDRESS <b>K.C. Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Russell N. Lane*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4255

P. O. Address K.C. 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.