

APR 21 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

11509

Do not use this space.

## 1. PLACE OF DEATH

(a) County Maunten(b) Township 1(c) City Lupton

(e) Length of residence in city or town where death occurred

Registration District No. 5-75Primary Registration District No. 4339Registered No. 325(d) Street No. 325  
(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Effie Lena Hudson

(Usual place of abode, if no street address, write county or city)

St. ☐

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFThomas Hudson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Apr. 20

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.9. Industry or business in which work  
was done, as saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year) 3-11-3811. Total time (years) .  
spent in this  
occupation Life12. BIRTHPLACE (CITY OR TOWN).  
(STATE OR COUNTRY)Illinois

FATHER

13. NAME

William H. Stinson14. BIRTHPLACE (CITY OR TOWN).  
(STATE OR COUNTRY)Missouri

MOTHER

15. MAIDEN NAME

 Amanda White16. BIRTHPLACE (CITY OR TOWN).  
(STATE OR COUNTRY)Missouri17. INFORMANT  
(ADDRESS) Homer Anderson

18. BURIAL, CREMATION, OR REMOVAL

PLACE MasonicDATE 3-6 193819. FUNERAL DIRECTOR  
(ADDRESS)Genevieve E. RichardsLupton Mo.20. FILED 3-51938 Mrs Sarah Tye.

Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4 1938

22. I HEREBY CERTIFY, That I attended deceased from

2-1- 1935, to 3-4- 1938I last saw her alive on 3-4- 1938 Death is saidto have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) J. B. Norman, M. D.(Address) Lupton Mo.

507

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. 30-37.  
50M-7-20-37.

I X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Jemee E. Richards, Licensed Embalmer No. 2466  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Jemee E. Richards  
Licensed Embalmer No. 2466

**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.)**