

REC'D JUN 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18352

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
(b) Township 1 Primary Registration District No. 3018 Registered No. _____
(c) City Clinton (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Infant of Cecil & Goldie Hudgens 325
(a) Residence, No. 614 E. Lincoln St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/18/38
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 6 hrs. or 6 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) _____ 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton moFATHER 13. NAME Cecil Hudgens14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deepwater moMOTHER 15. MAIDEN NAME Goldie Hanschen16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lowry city mo17. INFORMANT Cecil Hudgens (ADDRESS) Clinton18. BURIAL, CREMATION, OR REMOVAL PLACE Brownston DATE 5/19 3819. FUNERAL DIRECTOR Consolus & Beck (ADDRESS) Clinton mo20. FILED 5/21 1938 D. R. Hampton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 193822. I HEREBY CERTIFY, That I attended deceased from May 18, 1938, to May 15, 1938.I last saw her alive on May 15, 1938. Death is said to have occurred on the date stated above, at 8:30 A.M.

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

(1) Pneumonia
(2) pulmonary tuberculosis Date of onset Birth

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? chest Was there an autopsy? no23. 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 none

Nature of injury _____

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

If so, specify _____

(Signed) S. B. Hughes, M. D.(Address) Clinton, Mo.

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, J E Consoler, Licensed Embalmer No. 1891

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed J E Consoler

Licensed Embalmer No. 1891

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.)