

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

**32483**  
Do not use this space.

REC'D OCT. 10 1939

1. PLACE OF DEATH  
 (a) County Henry Registration District No. 347  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3018 Registered No. \_\_\_\_\_  
 (c) City Clinton (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (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 David Luther Hudgens  
 (a) Residence, No. 722 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 1939  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
3

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Clinton (STATE OR COUNTRY) Mo

FATHER  
 13. NAME Hudglen J Hudgens  
 14. BIRTHPLACE (CITY OR TOWN) Benton Co (STATE OR COUNTRY) Mo

MOTHER  
 15. MAIDEN NAME Ann Jenkins  
 16. BIRTHPLACE (CITY OR TOWN) Henry Co (STATE OR COUNTRY) Mo

17. INFORMANT H J Hudgens (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 9/13 39

19. FUNERAL DIRECTOR (NAME) Consensus Rees (ADDRESS) Clinton Mo

20. FILED 9-23 1939 Dr J R Hamilton Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-13 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 9-10 1939 to 9-13 1939  
 I last saw him alive on 9-10 1939 Death is said to have occurred on the date stated above, at 3:55 a.m.  
 The principal cause of death and related causes of importance were as follows:

Patent foramin Ovale Date of onset 9-10-39  
157C  
 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? \_\_\_\_\_ (If so, specify \_\_\_\_\_)  
 (Signed) J B O'Neill, M. D.  
Clinton Mo

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
 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.  
 V. S. NO. 2  
 FORM-1-12-38  
 I X14023

STATEMENT BY LICENSED EMBALMER  
DISTRICT OF COLUMBIA  
HEALTH DEPARTMENT

RECEIVED

District Health Officer No. 7

District File Number 7-39-137

Date Filed 10-7-39

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,

*Consalvo*

or by

Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed

*J. E. Consalvo*

Licensed Embalmer No. 1891

P. O. Address \_\_\_\_\_

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, above space should be left blank.

RECORDS SECTION