DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38813

Registration District No. 355 FILED DEC 14 1940 Primary Registration District No. 5497 Registrar's No. 24

1. PLACE OF DEATH:
(a) County Henry
(b) City or town LaDue Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 23

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town La Due (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Samuel Rufus Hudson
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amanda Jane Hudson
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Nov (Month) 10 (Day) 1863 (Year)
8. AGE: Years 76 Months 11 Days 29 If less than one day ___ hr. ___ min.
9. Birthplace Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation farming
11. Industry or business
FATHER 12. Name Robert William Hudson
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elizabeth Gotrich
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mrs Carl Christen
(b) Address LaDue Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 10 1940 (Month) (Day) (Year)
(c) Place: burial or cremation LaDue Mo
18. (a) Signature of funeral director Spurson
(b) Address Clinton Mo Dudley ...
19. (a) 11-9-40 (Date received local registrar) (b) W E Baggerly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9 year 1940 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov. 2, 1937, to Nov. 8, 1940; that I last saw him alive on Nov. 8, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	3 yrs
Due to arterio-sclerosis	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	
Major findings: Of operations	PHYSICIAN Underline the cause to which death should be charged statistically.
Of autopsy	

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature W E Baggerly (M. D. or other) MD
Address Montrose Mo Date signed 11-9-40

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 7,
District File Number 12-40-1773
Date Filed 12-12-40

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 ____, Registered Apprentice No.________ working under my personal supervision.

Signed R. R. Kenny

Licensed Embalmer No. Mo 3099

P. O. Address Clinton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi[th] the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.