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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42644
Registrar's No. 35

Registration District No. 14

Primary Registration District No. 4721

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Windsor
(c) Name of hospital or institution:
206 Tebo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Willie C. Hudson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mayme Kerr Hudson
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased August 30 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 3 25 hr. min

9. Birthplace Calhoun Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Mine Operator

11. Industry or business _____

12. Name William Hudson

13. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Hoover

15. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Willie C. Hudson

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 12-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) 12-27-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 206 Tebo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25
year 1940 hour 10:45 a m minute M.

21. I hereby certify that I attended the deceased from last 20
years 19____ to Dec 25 1940
that I last saw him alive on Dec 25 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Heart Disease

Due to _____
Due to ADW

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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?
319 (Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
Address Windsor Date signed 12/28/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 1-41-83

Date Filed 1-10-41

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.....

Edith H. Kustan

Licensed Embalmer No.

3391

P. O. Address.....

Windsor, 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.