

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

2714
Do not use this space.

1. PLACE OF DEATH

(a) County HENRY Registration District No. 353 ✓
 (b) Township FAIRVIEW Primary Registration District No. 4208 Registered No. _____
 (c) City DEEPWATER (d) Street No. 1 (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 22 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 0 yrs. mos. ds.

2. PRINT FULL NAME John George Hudson

(a) Residence, No. _____ 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 MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF POLLY HUDSON
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 10, 1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 79 ✓ 3 20
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
 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 LIFE years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SMITH TOWN MO

FATHER 13. NAME HENRY HUDSON
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN

MOTHER 15. MAIDEN NAME SALLIE A. WALLS
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DEEPWATER MO
LOUISIANA

17. INFORMANT (ADDRESS) MRS. POLLY HUDSON
DEEPWATER MO

18. BURIAL, CREMATION, OR REMOVAL BURIAL
 PLACE KIP. CEM. DATE JAN 16 1941

19. FUNERAL DIRECTOR (ADDRESS) FRED E. WILKINSON
CLINTON, MO

20. FILED _____, 19 _____
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1941
 22. I HEREBY CERTIFY That I attended deceased from Jan 1 1941 to Jan 16 1941
 I last saw him alive on Jan 16 1941 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:
Cancer stomach
Frank coprophagia

Other contributory causes of importance:
468

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. Russell M. D.
315 (Address) Deepwater 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.

RECEIVED

District Health Officer No. 7

District File Number 2-41-334

Date Filed 2-12-41

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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 Fred Weckiss

Licensed Embalmer No. 2478

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

2478

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2714
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 351

Primary Registration District No. 4208

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Deerpauater
(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
In this community _____ years, months or days)

3. (a) PRINT FULL NAME John Geo Hudson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased oct-10-186
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 | 3 | 28 | _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Jan 16-41 (b) J J Russell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Deerpauater
(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.? American years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: month Jan day 15
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

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? _____

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

23. Signature J J Russell (M. D. or other) _____

Address Deerpauater, Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

