

Registration District No. 37

Primary Registration District No. 3023

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community all life  
years, months or days

3. (a) PRINT FULL NAME WADE WASHINGTON HUDNUT

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 mar

6. (b) Name of husband or wife Francis

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 19 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 4 2 hr. \_\_\_\_\_ min.

9. Birthplace Henry Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Grocer

11. Industry or business

12. Name Henry Hudnut

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

14. Maiden name Katherine Jesse

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

16. (a) Informant Mrs Grace Painter

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 10-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Charles J. Beck

(b) Address Clinton Mo

19. (a) October 23 1943 Georgia Kitcher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Clinton  
(If outside city or town limits, write "RURAL")

(d) Street No. 801 North 2nd St  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10-21 day \_\_\_\_\_  
year 1943 hour 8 00 minute 0 P. M.

21. I hereby certify that I attended the deceased from 10-20 1943 to 10-21 1943  
that I last saw him alive on 10-21 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to cerebral hemorrhage 4 yrs.

Due to \_\_\_\_\_

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

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)

(e) Means of injury \_\_\_\_\_

23. Signature Roger D. Nevell (M. D. or other) M.D.  
Address Clinton Mo Date signed 10-23-43

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

503 18

RECEIVED

District Health Officer No. 71

District File Number

10-43-1244

Date Filed

11-18-43

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 *J. E. Cassady*  
Licensed Embalmer No. *1891*  
P. O. Address *Clinton 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.