

FILED JUN 7 1944

State File No.

Registration District No. 1347

Primary Registration District No. 3023

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Henry Clinton
 (b) City or town Clinton Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Clinton General
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ten days
 In this community 40
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
 (c) City or town Clinton Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No.
 (If rural, give location)
 (e) Citizen of foreign country? No
 If yes, name country ()

3. (a) PRINT FULL NAME William H. 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 Widowed
 6. (b) Name of husband or wife Lucy Hoover 6. (c) Age of husband or wife if alive Nov 6 1856
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 6 7 hr. min.

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

10. Usual occupation Retired Businessman

11. Industry or business

MOTHER FATHER { 12. Name Elizabeth U Hudson
 13. Birthplace Kent Knowlton
 14. Maiden name Margaret Ann Deeder
 15. Birthplace Bonty Knowlton

16. (a) Informant Addy Johnson
 (b) Address Calhoun Mo
 17. (a) Burial (b) Date thereof 5 17 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calhoun Cemetery

18. (a) Signature of funeral director J. A. Hauser
 (b) Address Calhoun Mo

19. (a) May 16 1944 (b) Georgia Kitchin
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 15
 year 1944 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from 5-7
1944 to May 15 1944
 that I last saw him alive on 5-15 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death cardiac
coronary dilatation
 Due to Cancer Stomach

Duration
2 da
6 mo

Other conditions (Include pregnancy within 3 months of death) H6

Major findings: Of operations H6
 Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury
 23. Signature H. H. Walker (M. D. or other) M.D.
 Address Clinton Mo Date signed 5-16-44

390 MAKE A PERMANENT RECORD

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