

FILED MAR 1944 55-

Primary Registration District No. 3011

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
522 W Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Entire Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. 522 W Benton
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Adela Blanche Hudson

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

4. Sex Fe 5. Color or race W. 6. (a) Single, widowed, married Married
7. Birth date of deceased Sept 23 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 23 If less than one day
hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business

12. Name David Snider
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Rebecca Jane Snider
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mary Elizabeth Hudson
(b) Address Carrollton, Mo.

17. (a) Burial (b) Date thereof 2-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Stanley
(b) Address Carrollton, Mo.

19. (a) 2-19-44 (b) W. H. Ruffey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 1944 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from March
_____ 1943 to Feb. 16 1944
that I last saw her alive on Feb. 16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death mitral insufficiency
Duration 1 yr.

Due to lung work

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

Major findings: 92 f
Of operations _____
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) Years of injury _____
23. Signature R. Hamilton Starnes M. D. or other _____
Address Carrollton, Mo. Date signed 2-27-44

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

MOTHER FATHER

RECEIVED

NO. 8
2-4-44

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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.