S. No. 2
M—2-43
r. 5-17-39
I X35697

16065

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 17 1946

State File No. 17184

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 74

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 912 days (Specify whether
In this community 912 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
(d) Street No. 309 No. 8th St. 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Mary Hudson Cook

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 30 (Day) 1902 (Year)

8. AGE: Years 43 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Boone County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Emmett Lee Hudson
13. Birthplace Boone County (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Mary Jane Baldwin
15. Birthplace Boone County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 20-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Mo Rural

18. (a) Signature of funeral director Max L Fossett
(b) Address Mt Vernon Mo

19. (a) 4-29-46 (Date received local registrar) (b) C R Philbrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th year 1946 hour 2:45 minute P M.

21. I hereby certify that I attended the deceased from Sept 17th 1943 to March 17 1946 that I last saw her alive on March 17 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis Abt	10 yrs.
Due to	
Due to	
Other conditions Nephritis Abt. (Include pregnancy within 3 months of death)	1 mo.

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature G. F. Fujikawa (M. D. or other) MD
Address Mount Vernon, Mo. Date signed 3-17-46

154 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 546-563
Date Filed MAY 15 1946

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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Mt. Vernon, 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.