

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1704

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 8440 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Rock Island	
b. CITY (If outside corporate limits, write RURAL and give township) Chillicothe		c. CITY (If outside corporate limits, write RURAL and give township) Rock Island	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) H. c. (Last) Hudson		4. DATE OF DEATH (Month) (Day) (Year) June 10 1950	
5. SEX Male	6. COLOR OF RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH Nov-14-1898
9. AGE (In years last birthday) 51		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Unemployed	
11. BIRTHPLACE (State or foreign country) Genl Centre, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME George William Hudson	13b. MOTHER'S MAIDEN NAME Corina Richardson	14. NAME OF HUSBAND OR WIFE UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War II	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Noah Hudson Gatherburg Neb.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) As a pedestrian was struck by automobile, on H.#30		INTERVAL BETWEEN ONSET AND DEATH 26
	2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intoxication		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No. Received struck about 6 PM.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 26 inside limits of Chillicothe Livingston Mo.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR Spun by automobile. 1059

22. I hereby certify that I attended the deceased from 11:45 a.m. June 10, 1950 Chillicothe, Mo. 11:45 p.m. June 10, 1950 Chillicothe, Mo. and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE M. H. Russell (Degree of title)	23b. ADDRESS Chillicothe Mo. 63450	23c. DATE SIGNED 1/12/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/12/50	24c. NAME OF CEMETERY OR CREMATORY Hugo-McVey Fun Home - Statterburg Neb.
24d. LOCATION (City, town, or county) (State)	24e. FINANCIAL DIRECTOR'S SIGNATURE ADDRESS Harold Gordon Chillicothe, Mo.	

DATE REC'D BY LOCAL REG. 1-12-50	REGISTRAR'S SIGNATURE Frances B. Neill	171	25. FINANCIAL DIRECTOR'S SIGNATURE ADDRESS Harold Gordon Chillicothe, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FEB 6 1950



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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ronald Jordan

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.