

FILED SEP 14 1942
Registration District No. 146

Primary Registration District No. 5544

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Blue Springs (Rural)
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Sni a bar TWP, 2 1/2 Miles / N.E
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days 50 yrs

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Blue Springs (Rural)
(If outside city or town limits, write "RURAL")
 (d) Street No. 2 1/2 Mi N.E
(If rural, give location)
 (e) Citizen of foreign country? No
 If yes, name country _____

3. (a) PRINT FULL NAME Sarah Florence Hudnall

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

4. Sex Fm 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased April 30 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>4</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation Retired House Wife

11. Industry or business Wm Livesay

12. Name _____

13. Birthplace Jackson Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Warren

15. Birthplace Jackson Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant M.L. Hudnall

(b) Address Grain Valley Mo

17. (a) Burial (b) Date thereof Sept 4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs Mo

18. (a) Signature of funeral director Mrs G.B. Webb Son

(b) Address Blue Springs Mo

19. (a) Sept 7 42 (b) Mrs John Lawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1942 hour 1:30 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 1 1942 to Sept 1 1942 that I last saw her alive on Sept 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the uterus

Due to _____
Due to _____

Other conditions Metastases in the blood
(Include pregnancy within 3 months of death)

Major findings: metastases in the blood

Of operations none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence NO

(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? NO (Specify type of place) _____
Means of injury _____

23. Signature Rob Lawson (M. D. _____)
Address _____ Date signed _____

Duration 18 M 02

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

R. B. White

Licensed Embalmer No. 2353

P. O. Address Blue Spring 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.