

FILED AUG 13 1944

State File No. _____

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Vincent's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 days
(Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME John Clyde 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 Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)
7. Birth date of deceased November 17 1885
(Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Cato Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Alec Hudson

13. Birthplace Cato Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rubee Jane Harty

15. Birthplace Barry County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clint Blythe

(b) Address Cassville Missouri

17. (a) Burial (b) Date thereof 6/1/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clay Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville Missouri

19. (a) July 20 1944 (b) Audna Willoughby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day May
year 1944 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from May 16
1944, to May 26 1944
that I last saw him alive on May 26
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Hypertension

Due to Ch. Nephritis
Other conditions 131 lb
(Includes pregnancy within 3 months of death)

Major findings: Of operations No operation
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

While at work? no (Specify type of place) (e) Means of injury no

23. Signature R. L. Lowan (M. D. or _____)
Address Cassville, Mo. Date signed 5/26/44

Duration

2 weeks

?

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1320

RECEIVED

District Health Officer No. 6;

District File Number 844-907

Date Filed AUG 14 1944

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.....

Margaret Culver....., Registered Apprentice No. 357
working under my personal supervision.

Signed J. E. Culver.....

Licensed Embalmer No. 3584

P. O. Address Cassville

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.