

FILED

AUG 23 1940
Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 133

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(c) Name of hospital or institution: 703 So 5th
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days 225

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(d) Street No. 703 So 5th
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July - day 1st,
year 1940 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 30 1940 to July 1 1940
that I last saw her alive on July 1 1940
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis, chronic
Due to _____
Due to _____

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

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Huldah Ann Hudson

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

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 Oct. 30th 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Washington Hedon
18. Birthplace Ky
14. Maiden name Mary M. Hightough
15. Birthplace Ky

16. (a) Informant Mrs L. B. Huffman
(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof July 3rd 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Silman City, Mo

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo

19. (a) July 3-1940 (b) Seal Williams
(Date received local registrar) (Registrar's signature)

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? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
925
(Specify type of place) (Specify kind of injury)
While at work _____
23. Signature R. E. Hoke (M. D. or other) _____
Address Moberly Mo Date signed 7/1/40

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 Frank S D Witt

Licensed Embalmer No. 3021

P. O. Address Proberly, ms

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, above space should be left blank.