

MAY 15 1940 399

1002

Registrar's No. 1500

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4615 Agness
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 56
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limit: write "RURAL")
(d) Street No. 4615 Agness
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1940 hour 1 minute 00 P. M.
21. I hereby certify that I attended the deceased from March
21, 1940, to April 4, 1940
that I last saw him alive on April 4, 1940
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Rudolph Ludemann 355

3. (b) If veteran, name war None 3. (c) Social Security No. 490-16-3804

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Freda Ludemann 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Jan. 3 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>3</u>	<u>1</u>	hr. _____ min. _____

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

10. Usual occupation Order Clerk

11. Industry or business Duff & Repp Furniture Co

12. Name No Record

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

14. Maiden name Mary

15. Birthplace Michigan
(City, town, or county) (State or foreign country)

16. (a) Informant Freda Ludemann

(b) Address 4615 Agness

17. (a) Removal (b) Date thereof April 6 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth Kansas.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn Kansas City Mo.

19. (a) April 6, 1940 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

Immediate cause of death Chronic nephritis
Arteriosclerosis
Benign hypertrophy of prostate
Other conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy no
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 _____ (b) Means of injury _____
23. Signature Merrill J. Kymal (M. D. or other) _____
Address Blaza 11th Bldg. 14th St. Mo. Date signed April 6, 40

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

MOTHER FATHER

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Dwight C. Browning

Licensed Embalmer No. 2724

P. O. Address H.P. 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, above space should be left blank.