

No. 2
-13-40
-17-39
X 23159

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4456**

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Research Hospital K.C. Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 43 days
(Specify whether)

In this community 30
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2535 Park Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Cyril J. Rudd

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1940 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Nov 17, 1940, to Nov 20, 1940
that I last saw him alive on Nov 20, 1940
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single widowed married divorced Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Jan 31 - 1863
(Month) (Day) (Year)

Immediate cause of death Uremia

Due to Hypernephrosis (Chronic)

Due to 131

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

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>9</u>	<u>19</u>	hr. min.

PHYSICIAN

Major findings: —

Of operations —

Of autopsy —

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Retired Farmer

11. Industry or business —

MOTHER FATHER

12. Name Donna Knau

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

14. Maiden name Donna Knau

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

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature Loewydam (M. D. or other) _____
Address 820 7th St Date signed 11/22/40

16. (a) Informant Ira N. Johnson

(b) Address 2535 Park K.C. Missouri

17. (a) Burial (b) Date thereof Nov 22 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington Cemetery

18. (a) Signature of funeral director Ch. Mitchell

(b) Address 310 N. Main St. Independence Mo

19. (a) 11-22-40 (b) M. M. Corwin
(Date received local registrar) (Registrar's signature)

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

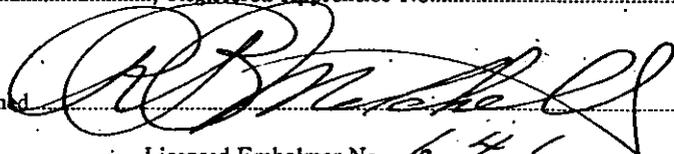
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 646

P. O. Address 310 N. Main St

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.

Indefinite