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

FILED APR 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1941

Registration District No. 1399

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 9852 ~~1261~~

Primary Registration District No. 1002

Registrar's 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: 2105 East 31th.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) Life

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

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

(d) Street No. 2105 East 31 St. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Laura B. TUDOR

3. (b) If veteran, name war no

3. (c) Social Security No. No

4. Sex Femal /

5. Color or race White

6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Joel W. Tudor

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased May 1, 1867 (Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 27 If less than one day hr. min.

9. Birthplace Chariton Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER

12. Name John Eyrum

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

14. Maiden name Martha Broadus

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

16. (a) Informant Joel W. Tudor

(b) Address 2105 East 31th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 29, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

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

(b) Address 918 Brooklyn, K. C. Mo.

19. (a) March 30, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 28 year 1941 hour 12 minute 5 A.M.

21. I hereby certify that I attended the deceased from March 12 March 27, 1941, to, 1941; that I last saw her alive on March 27, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia complicated with myocardial atrophy — Duration

Due to

Due to

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

Major findings:
Of operations

Of autopsy

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? None (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? (e) Means of injury

23. Signature H. Scott Hall (M. D. or other)

Address 6155 Oak st. Date signed March 28

(Licensed Embalmer's Statement on Reverse Side)

## 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 J. Claire Shuppard

Licensed Embalmer No. 4179

P. O. Address K. C. Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**