

U.S. BUREAU OF CENSUS
FILLED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

30608

3365

Registration District No. 397

Primary Registration District No. 1002

Registrar's No.

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: K.C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 mos., 7 days
(Specify whether
In this community 12 years
years, months or days)

3. (a) PRINT FULL NAME PAULINE HUDDLESTON

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

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Loran 6. (c) Age of husband or wife if alive 95 years
7. Birth date of deceased Oct 8, 1895
(Month) (Day) (Year)

8. AGE: Years 45 Months 11 Days 0 If less than one day hr. min.

9. Birthplace 7th Smith Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business at home

MOTHER FATHER
12. Name William Stoppelman
13. Birthplace Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Ella Weaver
15. Birthplace W Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Austin

(b) Address 339 So Colorado

17. (a) Cremation (b) Date thereof 9/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director E. H. Blackman, Jr.

(b) Address 7575 Independence

19. (a) 9/9/41 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson X8
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 339 So. Colorado
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mon Sept. 8th 1941 year 7 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from 2-1-41 1941 to 9-8-41 1941;
that I last saw her alive on 9-8-41 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary hypertrophy and dilatation with chronic passive congestion of liver

Due to

Due to 9/10

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

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?

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

23. Signature Mary R. Thoren (M. D. or other) 0
Address Med. Dir. K.C. Gen. Hospital Date signed 9-8-41

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..... *W.D. Blackman*.....

Licensed Embalmer No. *3639*.....

P. O. Address *K. C. 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, fact should be so stated above.