

FILED APR 25 1942

Registration District No. ....

Primary Registration District No. 10.02

Registrar's No. 1518

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: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Week  
In this community 50 Years (Specify whether 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. 5125 Bellefontaine Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Miss Julia F. Budd

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 10 1870  
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 6 If less than one day hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Broker

11. Industry or business Aetna Insurance Company

12. Name William J. Budd  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Shelley  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. O. M. Davis  
(b) Address 5125 Bellefontaine

17. (a) Burial (b) Date thereof Apr. 18, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 4-17-42 (b) M. M. Cronin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th  
year 1942 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb. 17 1942 to April 16 1942  
that I last saw him alive on April 16 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the stomach  
Due to Post-operative - pneumonia 2 days

Other conditions H68  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of stomach  
Of operations "  
Of autopsy Same as above

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) X  
(b) Date of occurrence X  
(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?

23. Signature Michael J. ... (Specify type of place) (e) Means of injury 0  
Address 2045 ... Date signed 4/17/42

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

MOTHER FATHER

4838

#P

Dr. Spencer's name  
2045 Broadway  
11-2

Budd

**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 A. C. Newcomer Jr  
Licensed Embalmer No. 4043  
P. O. Address A. C. No.

**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.**