

FILED APR 1 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1009

1. PLACE OF DEATH:

(a) County Kansas
(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 7 Days
(Specify whether
In this community 23 years
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. 3014 Walnut St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Rebecca May Mudd

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 Married
6. (b) Name of husband or wife Buell Mudd 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased February 6 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Bates County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Ellis Hand
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth J. Kennedy
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Buell Mudd
(b) Address 3014 Walnut Street

17. (a) Burial (b) Date thereof 3-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Mo.

19. (a) 3-11-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from Feb. 15 - 1942 March 10 1942
that I last saw him alive on Mar-9-1942, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration / as
Hypertension and
arterio-sclerosis
carcinoma of rectum
which was removed about
15 months ago
Other conditions 50
(Include pregnancy within 3 months of death)

Major findings: 50
Of operations
Of autopsy

Duration
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 3-12-42
(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) (a) Means of injury
23. Signature M. M. Crowe (M. D. or other) 0
Address 409 Cambridge Date signed 3-10-42

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

48
3
8

Dr. E. W.
Mortimer
409 Cambridge
2 P. M.
6900 East

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 Clarence W. Chiles
Licensed Embalmer No. 3473
P. O. Address 760760

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.