

FILED MAY 12 1942

State File No.

Registrar's No. 1678

Registration District No.

Primary Registration District No. 1002

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

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:
7314 Montgall /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community 25 years
years, months or days)

3. (a) PRINT FULL NAME Mr. Norman S. Kuder
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Grace Alma
 6. (c) Age of husband or wife if alive 7 years 1866
 7. Birth date of deceased December 7 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>4</u>	<u>21</u>hr.min.

9. Birthplace Akron Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Retired

MOTHER FATHER
 12. Name Unknown
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret R. Barron
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Bert Hedinger
 (b) Address 7314 Montgall

17. (a) Burial (b) Date thereof 4-30-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Floral Hills Cemetery

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

19. (a) 4-29-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 7314 Montgall
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
 year 1942 hour 7:30 minute 0 M.

21. I hereby certify that I attended the deceased from April 22
 1942 to April 28 1942
 that I last saw h. alive on April 27 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Sept Sepsis
Pneumonia & acute
myocarditis
 Due to Pneumonia
 Due to 108

Other conditions dilatation of Right Heart
(Include pregnancy within 3 months of death)

Major findings: none
 Of operations.....

Of autopsy Sept Heart & dilatation of Right Heart

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 Andrew C. Kuder (M. D. or other) 42
 Address 1108 Rianto Date signed 4/28

Duration

PHYSICIAN

Underline the cause to which death should be charged statutorily.

301

1912

Dr. F. E. Kunk
Knox, Tenn

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 26 E 7th 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.